

**RESPONSE OF COLGATE-PALMOLIVE COMPANY TO EPA REGION 2'S APRIL 5,
2021 REQUEST FOR INFORMATION REGARDING THE PROTECO SITE IN
PEÑUELAS, PUERTO RICO**

Colgate-Palmolive Company ("CP") provides this response to the U.S. Environmental Protection Agency's ("EPA") April 5, 2021 information request ("Information Request"), subject to certain reservations, objections, and assertions of rights and privileges as set forth in more detail below.

PRIVILEGES

In providing this response to EPA's information request, CP asserts all applicable privileges, including, but not limited to, the attorney-client privilege, the attorney work-product privilege, the privilege related to materials generated in anticipation of litigation and privileges for materials that are proprietary, company confidential or trade secrets. CP expressly reserves the right to assert an any future date any applicable privilege regarding the information and/or material submitted herein. Neither the fact of this response, nor the substance of this response, shall be construed in any way as an admission of any liability or as a waiver of CP's rights, claims or defenses.

OBJECTIONS

CP asserts the following objections with regard to the Information Request and each question therein:

GENERAL OBJECTIONS

- A. CP objects to the Information Request on the grounds that it includes undefined terms and is overbroad, vague, ambiguous, irrelevant, unduly burdensome, otherwise exceeds statutory authority under applicable law, including, without limitation, the federal Comprehensive Environmental Response, Compensation and Liability Act, 42 U.S.C. §§ 9601 et seq. ("CERCLA"), and the federal Resource Conservation and Recovery Act, 42 U.S.C. §§ 6901 et seq. ("RCRA"), as interpreted by the U.S. Supreme Court in *U.S. v. Bestfoods*, 524 U.S. 51 (1998), and contravenes CP's constitutional rights.
- B. CP objects to any requirement to produce documents or information already in the possession of a government agency, including, without limitation, the U.S. Securities and Exchange Commission, and/or already in the public domain. Any documents produced herein that are included in this category are produced without waiver of this objection.
- C. CP objects to the Information Request's definitions of "you", "yours" and "Respondent," as the terms are overbroad, and it is not possible for CP to answer questions on behalf of all persons encompassed within the definitions.
- D. CP objects to the Information Request's definition of "Company" as the term is overbroad, and it is not possible for CP to answer questions on behalf of all persons encompassed within the definition.

- E. CP objects to the Information Request to the extent that it seeks information about any entity or "person" other than CP, as CP does not have knowledge or information sufficient to form a reliable response to such inquiries.
- F. CP objects to this Information Request to the extent that any questions do not identify a time period, thereby rendering the demand overbroad, unduly burdensome, oppressive, unduly time consuming and/or outside the scope of EPA's investigative authority.
- G. CP objects to the Information Request to the extent that it calls for opinions, conclusions of law, conjectures and/or suspicions not required to be supplied to the EPA under its statutory authority.

SPECIFIC OBJECTIONS

- H. CP objects to questions 12, 13, 14, 15, 16, 18, 19, 20, 21, 23, 25, and 27 to the extent that the questions are overbroad, unduly burdensome and seek irrelevant information. CP also objects to these questions to the extent they call for opinions, conclusions of law, conjectures and/or suspicions not required to be supplied to the EPA under its statutory authority.

Subject to and without waiving any of the objections or privileges noted above, CP submits the following specific responses to EPA's questions. For ease of reference, the question in the Information Request is restated before the Response, with the Response in bold.

- 1. Please answer the following questions regarding the Company:

- a. State the correct legal name and mailing address for the Company;

**Colgate-Palmolive Company
300 Park Avenue, New York, NY 10022**

- b. State the name(s) and address(es) of the President, Chief Executive Officer, and the Chairman of the Board (or other presiding officer) of the Company; and

**President, CEO and Chairman: Noel Wallace
300 Park Avenue, New York, NY 10022**

- c. Identify the state/commonwealth and date of incorporation of the Company and the name of its agents for service of process in the state/commonwealth of incorporation and in Puerto Rico, if different.

**Incorporated in Delaware in 1923
Agent for service of process: The Corporation Trust Company, 1209
Orange Street, Wilmington, Delaware, 19801**

- 2. State the corporate history of Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc., including all name changes and mergers. List all names under which

Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc. have operated and have been incorporated. For each other name identified, provide the following information:

Mennen de Puerto Rico, Ltd. was a corporation organized under the laws of Delaware. It was organized on September 7, 1984. (See Certificate of Incorporation attached hereto as Exhibit A). On November 13, 1996, a Certificate of Merger between Colgate-Palmolive (P. R.) Inc., Colgate Juncos, Inc., and Mennen de Puerto Rico Ltd. was filed, with the latter, surviving entity changing its name to Colgate-Palmolive de Puerto Rico, Inc. (See Certificate of Merger attached hereto as Exhibit B). Colgate-Palmolive de Puerto Rico, Inc. is a Delaware corporation. Colgate-Palmolive (P. R.) Inc. and Colgate Juncos, Inc. were dissolved as of the date of the merger.

- a. Whether that other company or business continues to exist, indicating the date and means by which it ceased operations (e.g., dissolution, bankruptcy, sale) if it is no longer in business;

Colgate-Palmolive de Puerto Rico, Inc. continues to exist.

- b. Names, addresses, and telephone numbers of all registered agents, officers, and operations management personnel; and

Its registered agent is Rafael Rivera Berrios, and his address is Metro Office Park, Street 1, Bldg. 8, Suite 400, Guaynabo, PR, 00968-1705. His phone number is (787) 273-5000.

- c. Names, addresses, and telephone numbers of all subsidiaries, unincorporated divisions or operating units, affiliates, and parent corporations if any, of that other company.

Not applicable.

3. Identify all changes in ownership relating to Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc. from their dates of incorporation to the present, including the date of any ownership change. If any owner was/is a corporation, identify if the corporation was a subsidiary or division of another corporation. In your identification of any corporation, it is requested that you provide the full corporate name, the state/commonwealth of incorporation, and all fictitious names used/held by that corporation.
 - **As of Mennen de Puerto Rico's, Ltd.'s incorporation in 1984, its sole shareholder was The Mennen Company. The Mennen Company dissolved on December 30th, 1999.**
 - **On October 31, 1996, CP and The Mennen Company merged. After the merger, Mennen de Puerto Rico's, Ltd. was owned by The Mennen Company (100 shares) and CP (33 shares).**

- Sometime between the merger and December 9, 1998, CP became the sole shareholder.
 - On September 12, 2014, CP contributed all of its shares to IES Enterprises, Inc. (a wholly-owned subsidiary of CP), and IES Enterprises, Inc. became the sole shareholder. IES Enterprises, Inc. is a Delaware corporation.
4. For each owner that is a subsidiary of another corporation identified in your answer to Request #3, above, please provide a chart that details the corporate structure from that other company through all intermediary entities to the ultimate corporate parent. For purposes of this information request, the term “ultimate corporate parent” means the corporate entity that, while owning or controlling the majority of the shares of common stock in a subsidiary corporation, is not primarily owned/controlled by another corporation.

See below:



5. Provide copies of Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc.’s authority to do business in Puerto Rico. Include all authorizations, withdrawals, suspensions, and reinstatements.

A Certificate of Existence issued by the Department of State of Puerto Rico to Colgate-Palmolive de Puerto Rico, Inc. is attached hereto as Exhibit C

6. State the dates during which Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc. owned, operated, or leased any portion of the Guayama Facility and/or the Juncos Facility, and provide copies of all documents evidencing or relating to such ownership, operation, or lease, including but not limited to purchase and sale agreements, deeds, leases, etc.

CP has no documents or other information responsive to this Request.

7. Describe the current and past business relationship between the Company and Mennen de Puerto Rico, Ltd.

As discussed in response to Request #3 above, CP was a shareholder of Mennen de Puerto Rico, Ltd.

8. Describe the current and past business relationship between the Company and Colgate-Palmolive de Puerto Rico, Inc.

As discussed in response to Request #3 and Request #4 above, CP was a direct shareholder of Colgate-Palmolive de Puerto Rico, Inc., and is now the parent of IES Enterprises, Inc., which owns all of the shares of Colgate-Palmolive de Puerto Rico, Inc.

9. Describe any asset purchase agreements whereby some or all of the assets of Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc. were sold to any other entity, including the date(s), the companies involved, and the terms of such asset purchase agreement(s).

CP has no documents or other information responsive to this Request.

10. Indicate whether the Company is the successor to any liabilities, including those under CERCLA, of Mennen de Puerto Rico, Ltd.

CP objects to this Request on the grounds that is vague and calls for a legal conclusion. Notwithstanding and without waiver of this objection, CP states that it has no information responsive to this Request.

11. Indicate whether the Company is the successor to any liabilities, including those under CERCLA, of Colgate-Palmolive de Puerto Rico, Inc.

CP objects to this Request on the grounds that is vague and calls for a legal conclusion. Notwithstanding and without waiver of this objection, CP states that it has no information responsive to this Request.

12. Identify all meetings and communications that the officers, directors, or employees of the Company participated in or attended regarding the operations of the Guayama Facility and/or the Juncos Facility.

CP objects to this Request on the grounds that it is overbroad and unduly burdensome, and seeks information that is not reasonably related to the Site. Notwithstanding and without waiver of this objection, CP states that it has no information responsive to this Request.

13. Identify what, if any, reports, statements, or other documents the officers or directors of the Company wrote or received regarding the operations of the Guayama Facility and/or the Juncos Facility and describe what, if any, information the officers and directors received concerning the operations of the Guayama Facility and/or the Juncos Facility.

CP objects to this Request on the grounds that it is overbroad and unduly burdensome, and seeks information that is not reasonably related to the Site. Notwithstanding and without waiver of this objection, CP states that it has no information responsive to this Request.

14. Identify any employees, officers, or directors of the Company who participated in discussions or other communications regarding any decision pertaining to disposal of waste materials from the Guayama Facility and/or the Juncos Facility.

CP objects to this Request on the grounds that it is overbroad and unduly burdensome, and seeks information that is not reasonably related to the Site. Notwithstanding and without waiver of this objection, CP states that it has no information responsive to this Request.

15. State whether any officers or directors of the Company approved, authorized, discussed, or had knowledge or awareness of any arrangement to dispose of wastes from the Guayama Facility and/or the Juncos Facility. Describe the nature and extent of such approval, authorization, discussion, knowledge, or awareness.

CP objects to this Request on the grounds that it is overbroad and unduly burdensome, and seeks information that is not reasonably related to the Site. Notwithstanding and without waiver of this objection, CP states that it has no information responsive to this Request.

16. Indicate whether any reports discussing waste disposal practices at the Guayama Facility and/or the Juncos Facility were ever received by officers or directors of the Company. If your answer to this Request is in the affirmative, indicate (i) when such reports were received, (ii) who the originator of such reports was, (iii) who such reports were directed to, and (iv) the content of such reports. If such reports are in your possession or control, submit copies of such reports to EPA.

CP objects to this Request on the grounds that it is overbroad and unduly burdensome, and seeks information that is not reasonably related to the Site.

Notwithstanding and without waiver of this objection, CP states that it has no information responsive to this Request.

17. Describe how Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc. came to possess the hazardous substances that came to be located at the Site.

CP objects to this Request on the grounds that it assumes that hazardous substances from Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc. were disposed of at the Site. Notwithstanding and without waiver of this objection, CP states that, based on information provided by USEPA and CP's investigation in response to these Requests, there is no evidence that hazardous substances from Mennen de Puerto Rico, Ltd. or Colgate-Palmolive de Puerto Rico, Inc. came to be located at the Site.

18. List all hazardous substances used, generated, treated, stored, disposed of, manufactured, recycled, recovered, treated, or otherwise processed during Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc.'s operations at the Guayama Facility and/or the Juncos Facility.

CP objects to this Request on the grounds that it is overbroad and unduly burdensome, and seeks information that is not reasonably related to the Site. Notwithstanding and without waiver of this objection, CP states:

Based on the Tier One and Tier Two Emergency and Hazardous Chemical Inventory documents provided herewith in Exhibits D and E, the Juncos Facility stored and used the following hazardous substances:

Pad printing ink containing methoxybutanole and glycol acid n-butylester

1,1,1-trichloroethane

Ink thinner containing naphtha and butyl acetate

Ink thinner containing cyclohexanone

Karl Fischer reagent containing pyridine

Acetic acid

Irgasan DP 300 containing 5-chloro 2 (2,4 dichloro phenoxy) phenol

Irgasan DP 300 containing 2,4,4-trichloro 2-hydroxy diphenyl ether

Hydrochloric acid

Acetone

Sodium hydroxide

Toluene

Chlorine

Nitric acid

Sulfuric acid

Dibutyl phthalate present in On-Base, Terr Glase

Methyl ethyl ketone present in Video Jet cleaning solution

Hydroquinone

19. List and fully describe all waste streams generated from Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc.'s operations, including solid, liquid, or any other type of waste.

CP objects to this Request on the grounds that it is overbroad and unduly burdensome, and seeks information that is not reasonably related to the Site. CP further objects to this Request to the extent it seeks information about substances that are not hazardous substances or hazardous wastes, as such terms are defined under CERCLA and RCRA. Notwithstanding and without waiver of this objection, CP states that, based on documents provided by USEPA, it appears that the Mennen de Puerto Rico, Ltd. operations generated the following wastes: "process water," "waste Speed Stick deodorant," and "waste propylene glycol."

In addition, based on the Uniform Hazardous Waste Manifests for the Juncos Facility provided herewith in Exhibits D and F, the Juncos Facility generated the following hazardous wastes:

Waste Flammable Liquid (methanol, pyridine, ethylene glycol, acetone, aliphatics, ethyl alcohol, toluene, methylene chloride)

Waste Combustible Liquid (1,1,1-trichloroethane, aliphatics, acetone, methyl ethyl ketone, 1,4 dioxane, perchlorethylene, xylene)

Hazardous Waste Liquid (methanol, isopropanol, propylene glycol, diethylene glycol)

Hazardous Waste Solid (aliphatics, chromium)

Waste Isopropyl Alcohol, Flammable Liquid

Waste Petroleum Naphtha, Combustible Liquid

Waste Ink, Flammable Liquid (methyl ethyl ketone, methanol, n-butyl alcohol, ethanol, aliphatics)

Waste Corrosive Liquid (mercury, sulfuric acid)

Hazardous Substance Solid (soil contaminated with diesel and oil)

Waste Flammable Solid (aliphatics, ethanol)

20. Describe in detail the handling, storage, and disposal practices employed for each waste stream resulting from Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc.'s operations.

CP objects to this Request on the grounds that it is overbroad and unduly burdensome, and seeks information that is not reasonably related to the Site. CP further objects to this Request to the extent it seeks information about substances that are not hazardous substances or hazardous wastes, as such terms are defined under CERCLA and RCRA. Notwithstanding and without waiver of this objection, CP states that, with respect to the Guayama Facility, it has no information responsive to this Request. With respect to the Juncos Facility, CP states that based on the documents provided herewith, general trash was stored in dumpsters for disposal in a local landfill, non-hazardous industrial waste was stored in the warehouse for disposal in a local landfill, hazardous waste was stored in the hazardous waste storage area and collected and disposed of by Safety-Kleen Envirosystems Co. of Puerto Rico, Inc. ("Safety Kleen"), and treated water from the facility treatment plant was pumped into tankers and transported to the Puerto Nuevo POTW for disposal. (Source of information: Phase I Site Assessment attached as Exhibit G and Uniform Hazardous Waste Manifests provided in Exhibits D and F)

21. Identify all individuals who had responsibility for Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc.'s environmental and waste management decisions between 1975 and 1999 (e.g., responsibility for decisions regarding the disposal, treatment, storage, recycling, or sale of hazardous substances, hazardous wastes, and industrial wastes), including the following:
- a. Each such individual's job title, duties, dates performing those duties, supervisors for those duties, current position, and if applicable, the date of the individual's resignation or termination; and
 - b. The nature of the information possessed by each such individual concerning Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc.'s waste management.

CP objects to this Request on the grounds that it is overbroad and unduly burdensome, and seeks information that is not reasonably related to the Site. Notwithstanding and without waiver of this objection, CP states that, based on the documents provided herewith in Exhibits D, E and F, the following employees of Mennen de Puerto Rico,

Ltd. may have had responsibility for environmental and waste management decisions at the Juncos Facility between 1975 and 1999:

**Francisco Gutierrez – General Manager
William Carrión – Plant Manager
Calixto Bravo – Plant Engineer
Pedro Monroig Mejías**

CP has no further information responsive to this Request.

22. For each type of hazardous substance, hazardous waste, and industrial waste used or generated by Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc., describe the agreements or other arrangements for its disposal, treatment, storage, recycling, or sale, and provide the following:
- a. Any agreement and document, including waste logs, journals, manifests, or notes, related to any transfer of hazardous substances, hazardous wastes, and industrial wastes from the Guayama Facility and/or the Juncos Facility that came to be located at the Site;
 - b. All correspondence and written communications between Mennen de Puerto Rico, Ltd. and each owner/operator of the Site regarding hazardous substances, hazardous wastes, and industrial wastes from the Guayama Facility and/or the Juncos Facility that came to be located at the Site; and
 - c. All correspondence and written communications between Colgate-Palmolive de Puerto Rico, Inc. and each owner/operator of the Site regarding hazardous substances, hazardous wastes, and industrial wastes from the Guayama Facility and/or the Juncos Facility that came to be located at the Site.

CP objects to this Request on the grounds that it is overbroad and unduly burdensome, and seeks information that is not reasonably related to the Site. Notwithstanding and without waiver of this objection, CP states that based on the Uniform Hazardous Waste Manifests provided herewith in Exhibits D and F, hazardous wastes from the Juncos Facility were picked up and disposed of by Safety-Kleen at its facility in Manatí, Puerto Rico, or shipped from its Manatí facility to Rollins Environmental Services in Baton Rouge, Louisiana. CP has no other documents or other information responsive to this Request.

23. Provide agreements and documents related to the following, including waste logs, journals, manifests, or notes, as set forth below:
- a. The locations where Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc. sent each type of hazardous substance, hazardous waste, and industrial waste from the Guayama Facility and/or the Juncos Facility for disposal, treatment, or recycling;
 - b. List all waste transporters used by Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc.;
 - c. For each type of hazardous substance, hazardous waste, and industrial waste,

- specify which waste transporter picked it up;
- d. For each type of hazardous substance, hazardous waste, and industrial waste, state how frequently each waste transporter picked up such waste;
 - e. For each type of hazardous substance, hazardous waste, and industrial waste, provide the volume picked up by each waste transporter (per week, month, or year);
 - f. For each type of hazardous substance, hazardous waste, and industrial waste, identify the dates (beginning & ending) such waste was picked up by each waste transporter;
 - g. Indicate the ultimate location for each type of hazardous substance, hazardous waste, and industrial waste. Provide all documents indicating the ultimate disposal/recycling/treatment location for each type of hazardous substance, hazardous waste, and industrial waste;
 - h. Describe how Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc. managed pickups of each hazardous substance, hazardous waste, and industrial waste including but not limited to:
 - i. The method for inventorying each type of hazardous substance, hazardous waste, and industrial waste;
 - ii. The method for requesting each type of hazardous substance, hazardous waste, and industrial waste to be picked up;
 - iii. The identity of the waste transporter employee/agent contacted for pickup of each type of hazardous substance, hazardous waste, and industrial waste; and
 - iv. The amount paid or the rate paid for the pickup of each type of hazardous substance, hazardous waste, and industrial waste;
 - i. Identify the individual or entity that selected the location where each of Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc.'s wastes were taken. Describe the basis for and provide any documents supporting the answer to this Request.

CP objects to this Request on the grounds that it is overbroad and unduly burdensome, and seeks information that is not reasonably related to the Site. Notwithstanding and without waiver of this objection, with respect to the Juncos Facility, CP incorporates by reference its responses to Requests 19, 20 and 22 above, and the information contained in the Uniform Hazardous Waste Manifests provided in Exhibits D and F. CP states that it has no further information responsive to this Request.

24. If not already provided, specify the dates and circumstances when Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc.'s hazardous substances, hazardous wastes, and/or industrial wastes were sent, brought, or moved to the Site, and identify the names, addresses, and telephone numbers of the person(s) making arrangements for the containers (e.g., 55-gallon drum, dumpster, etc.) holding hazardous substances, hazardous wastes, and/or industrial wastes to be sent, brought, or transported to the Site. Please also provide all documents that support or memorialize the answer to

this Request.

CP objects to this Request on the grounds that it assumes that hazardous substances from Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc. were disposed of at the Site. Notwithstanding and without waiver of this objection, CP states that, based on information provided by USEPA and CP's investigation in response to these Requests, there is no evidence that hazardous substances from Mennen de Puerto Rico, Ltd. or Colgate-Palmolive de Puerto Rico, Inc. were sent, brought or moved to the Site.

25. Identify, describe, and provide all documents that refer or relate to the following:

- a. The nature, including the chemical content, characteristics, physical state (e.g., solid, liquid), and quantity (volume and weight) of all hazardous substances, hazardous wastes, and industrial wastes involved in each arrangement transferring materials from any facility owned or operated by Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc. (including the Guayama Facility and/or the Juncos Facility) to any other facility;
- b. In general terms, the nature and quantity of the non-hazardous substances involved in each such arrangement for transporting materials;
- c. The hazardous substances being mixed or combined with other hazardous substances or non-hazardous substances for each such arrangement. Indicate whether such mixing or combining is common in the industry. Indicate whether Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc. was ever asked to stop mixing or combining the hazardous substances with the non-hazardous substances;
- d. Other materials other than the hazardous substances that were involved in the transaction;
- e. The condition of the transferred material containing hazardous substances when it was stored, disposed of, treated, or transported for disposal or treatment;
- f. The markings on and type, condition, and number of containers in which the hazardous materials were contained when they were stored, disposed, treated, or transported for disposal or treatment; and
- g. All tests, analyses, analytical results, and manifests concerning each hazardous substance, hazardous waste, and industrial waste involved in each transaction. Include information regarding who conducted the test and how the test was conducted (batch sampling, representative sampling, splits, composite, etc.).

CP objects to this Request on the grounds that it is overbroad and unduly burdensome, and seeks information that is not reasonably related to the Site. Notwithstanding and without waiver of this objection, with respect to the Juncos Facility, CP incorporates by reference its responses to Requests 19, 20 and 22 above, and the information contained in the Uniform Hazardous Waste Manifests provided in Exhibits D and F. CP states that it has no further information responsive to this Request.

26. Indicate how long Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc. has had a relationship with the owner(s) and/or operator(s) of the Site.

CP objects to this Request on the grounds that it is vague. Notwithstanding and without waiver of this objection, CP states that it has no information responsive to this Request.

27. Identify any individuals, including former and current employees, who may be knowledgeable of Mennen de Puerto Rico, Ltd. and/or Colgate-Palmolive de Puerto Rico, Inc.'s operations and practices concerning the handling, storage, and disposal of hazardous substances.

CP objects to this Request on the grounds that it is overbroad and unduly burdensome, and seeks information that is not reasonably related to the Site. Notwithstanding and without waiver of this objection, CP incorporates by reference its response to Request 21, and states that it has no further information responsive to this Request.

28. Please provide all documents, if not already requested above, that support your responses to Requests #1 - #27, above.

See Exhibits attached hereto.

29. If any of the documents solicited in this information request are no longer available, please indicate the reason why they are no longer available. If the records were destroyed, provide us with the following:

- a. The relevant document retention policy between 1975 and the present;
- b. A description of how the records were destroyed (burned, trashed, etc.) and the approximate date of destruction;
- c. A description of the type of information that would have been contained in the documents;
- d. The name, job title, and most current address known by you of the person(s) who would have produced these documents, the person(s) who would have been responsible for the retention of these documents, the person(s) who would have been responsible for the destruction of these documents, and the person(s) who had and/or still may have the originals or copies of these documents; and
- e. The names and most current address of any person(s) who may possess documents relevant to these requests for information.

CP has no documents or other information responsive to this Request.

30. List and provide a copy of all agreements or contracts, including but not limited to insurance policies and indemnification agreements, held or entered into by the Company or its subsidiaries that could indemnify it against any liability that it may have under CERCLA for releases or threatened releases of hazardous substances at the Site as a result of any arrangement for disposal from the Guayama Facility and/or the Juncos

Facility. In response to this Request, please provide not only those insurance policies and agreements that currently are in effect, but also provide those that were in effect during the period(s) when any hazardous substances, hazardous wastes, and/or industrial wastes may have been disposed of at the Site.

CP has no documents or other information responsive to this Request.

31. State whether any claim or claims have been made by the Company to any insurance company for any loss or damage related to operation at the Site, and if so, identify each claim by stating the name of the claimant, the name and address of the insurance company, the policy number, the named insured on the policy, the claim number, the date of claim, the amount of claim, the specific loss or damage claimed, the current status of the claim, and the amount, date, and the recipient of any payment made on the claim.

CP has no documents or other information responsive to this Request.

32. If you have reason to believe that there may be persons able to provide a more detailed or complete response to any question contained herein or who may be able to provide additional responsive documents, identify such persons and the additional information or documents that they may have.

CP has no information responsive to this Request.

33. State the name, title, and address of each individual who assisted or was consulted in the preparation of the response to this Request for Information. In addition, state whether each such person has personal knowledge of the information in the answers provided.

Prashanth Jayachandran, Chief Supply Chain Counsel

Colgate-Palmolive Company

909 River Road, Piscataway, New Jersey 08854

Mr. Jayachandran has no personal knowledge of the information in the answers provided.

Karla Gross, Regional Legal Director, Greater Caribbean Region

Colgate-Palmolive DR, Inc.

**Torre Málaga VII, C/ Rafael Augusto Sánchez No. 38, Ensanche Naco
Santo Domingo, DR**

Ms. Gross has no personal knowledge of the information in the answers provided.

Mr. Rafael Rivera, Finance & Administration Manager

Colgate-Palmolive Company Distr., LLC

**Metro Office Park, Colgate Palmolive Building, Street #1, Building #8, Suite #400,
Guaynabo, PR 00968-1705**

Mr. Rivera has no personal knowledge of the information in the answers provided.

Antonio Escudero Viera, Counsel
Francheska Morla Medina
McConnell Valdes LLC, 270 Munoz Rivera Ave., San Juan, Puerto Rico 00918
Mr. Viera and Mrs. Medina have no personal knowledge of the information in the answers provided.

John Rousakis, Counsel
O'Melveny & Myers LLP, 7 Times Square, New York, NY 10036
Mr. Rousakis has no personal knowledge of the information in the answers provided.

CERTIFICATION OF ANSWERS TO REQUEST FOR INFORMATION

State/Commonwealth of New Jersey

County/Municipality of Middleburg

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document (response to EPA Request for Information) and all documents submitted herewith, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete, and that all documents submitted herewith are complete and authentic unless otherwise indicated. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I am also aware that I am under a continuing obligation to supplement my response to EPA's Request for Information if any additional information relevant to the matters addressed in EPA's Request for Information or my response thereto should become known or available to me.

MARTIN B. STERN
NAME (print or type)

Global Director, EHS
TITLE (print or type)

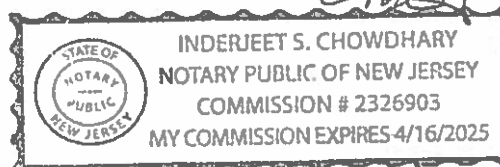
[Signature]
SIGNATURE

Notarized Signature (if any)
Martin B. Stern

Sworn to before me this

21st day of Sept 2021.

Notary Public [Signature]



9/21/2021



EXHIBIT A

CERTIFICATE OF INCORPORATION

OF

MENNEN DE PUERTO RICO LTD.

* * * * *

1. The name of the corporation is
J MENNEN DE PUERTO RICO LTD.

2. The address of its registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle. The name of its registered agent at such address is The Corporation Trust Company.

3. The nature of the business or purposes to be conducted or promoted is:

To carry on the business of manufacturing, distributing, buying, selling, compounding, packing and generally dealing in and with, at retail or wholesale, cosmetics, beauty preparations, toilet preparations, drug preparations, articles and requisites of all kinds and all preparations, materials, articles and compounds connected therewith, and perfumes, colognes, aftershaves, deodorants, anti-perspirants, toilet and face powders, talcum powders, rouges, grease paints, lip salves, creams, hair dyes and colors, dyes and chemicals, fluid extracts,

essences, soaps, lotions, nail polishes, bleaches, dentifrices, and the ingredients used in the composition of such articles.

To manufacture, buy, sell, distribute, import, export, pack and deal in and with all ingredients and substances used in any of the foregoing articles or products and also all apparatus, appliances, machinery, boxes, bottles, containers and packing, and in general all things capable of being used in or in connection with any such business as aforesaid, either at wholesale or retail.

To engage in and conduct research and experiments in biology, chemistry and other sciences for the formulation and development of the products of the corporation and, in connection therewith, to construct, buy, lease or otherwise acquire, sell or otherwise dispose of laboratories, factories, warehouses and other structures, facilities and equipment for research and the manufacture and distribution of the products of the corporation.

To manufacture, purchase or otherwise acquire, invest in, own, mortgage, pledge, sell, assign and transfer or otherwise dispose of, trade, deal in and deal with goods, wares and merchandise and personal property of every class and description.

To acquire, and pay for in cash, stock or bonds of this corporation or otherwise, the good will, rights, assets and property, and to undertake or assume the whole or any part of the obligations or liabilities of any person, firm, association or corporation.

To acquire, hold, use, sell, assign, lease, grant licenses in respect of, mortgage or otherwise dispose of letters patent of the United States or any foreign country, patent rights, licenses and privileges, inventions, improvements and processes, copyrights, trademarks and trade names, relating to or useful in connection with any business of this corporation.

To acquire by purchase, subscription or otherwise, and to receive, hold, own, guarantee, sell, assign, exchange, transfer, mortgage, pledge or otherwise dispose of or deal in and with any of the shares of the capital stock, or any voting trust certificates in respect of the shares of capital stock, scrip, warrants, rights, bonds, debentures, notes, trust receipts, and other securities, obligations, choses in action and evidences of indebtedness or interest issued or created by any corporations, joint stock companies, syndicates, associations, firms, trusts or persons, public or private, or by the government of the United States of America, or by any foreign government, or by any state, territory, province, municipality or other political subdivision or by any governmental agency, and as owner thereof to possess and exercise all the rights, powers and privileges of ownership, including the right to execute consents and vote thereon, and to do any and all acts and things necessary or advisable for the preservation, protection, improvement and enhancement in value thereof.

To enter into, make and perform contracts of every kind and description with any person, firm, association, corporation, municipality, country, state, body politic or government or territory or dependency thereof.

To borrow or raise money for any of the purposes of the corporation and, from time to time without limit as to amount, to draw, make, accept, endorse, execute and issue promissory notes, drafts, bills of exchange, warrants, bonds, debentures and other negotiable or non-negotiable instruments and evidences of indebtedness, and to secure the payment of any thereof and of the interest thereon by mortgage upon or pledge, conveyance or assignment in trust of the whole or any part of the property of the corporation, whether at the time owned or thereafter

acquired, and to sell, pledge or otherwise dispose of such bonds or other obligations of the corporation for its corporate purposes.

To loan to any person, firm or corporation any of its surplus funds, either with or without security.

To purchase, hold, sell and transfer the shares of its own capital stock; provided it shall not use its funds or property for the purchase of its own shares of capital stock when such use would cause any impairment of its capital except as otherwise permitted by law, and provided further that shares of its own capital stock belonging to it shall not be voted upon directly or indirectly.

To have one or more offices, to carry on all or any of its operations and business and without restriction or limit as to amount to purchase or otherwise acquire, hold, own, mortgage, sell, convey or otherwise dispose of, real and personal property of every class and description in any of the states, districts or territories of the United States, and in any and all foreign countries, subject to the laws of such state, district, territory or country.

To purchase, receive, take by grant, gift, devise, bequest or otherwise, lease, or otherwise acquire, own, hold, improve, employ, use and otherwise deal in and with real or personal property, or any interest therein, wherever situated, and to sell, convey, lease, exchange, transfer or otherwise dispose of, or mortgage or pledge, all or any of the corporation's property and assets, or any interest therein, wherever situated.

In accomplishing any of the foregoing purposes or objectives, to enter into or form general, limited or special partnerships, with any other corporations, firms or individuals

anywhere in the world, and to act and do business as principal, agent, stockholder, partner, syndicate member, joint venturer or associate with such other corporations, firms, or individuals, as the board of directors may from time to time designate and direct.

To engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.

In general, to possess and exercise all the powers and privileges granted by the General Corporation Law of Delaware or by any other law of Delaware or by this Certificate of Incorporation together with any powers incidental thereto, so far as such powers and privileges are necessary or convenient to the conduct, promotion or attainment of the business or purposes of the corporation.

The business and purposes specified in the foregoing clauses shall, except where otherwise expressed, be in nowise limited or restricted by reference to, or inference from, the terms of any other clause in this certificate of incorporation, but the business and purposes specified in each of the foregoing clauses of this article shall be regarded as independent business and purposes.

4. The total number of shares of stock which the corporation shall have authority to issue is one hundred (100); all of such shares shall be without par value.

5. The name and mailing address of each incorporator is as follows:

<u>NAME</u>	<u>MAILING ADDRESS</u>
K. L. Husfelt	Corporation Trust Center 1209 Orange Street Wilmington, Delaware 19801
S. M. Fraticelli	Corporation Trust Center 1209 Orange Street Wilmington, Delaware 19801
C. V. Bolen	Corporation Trust Center 1209 Orange Street Wilmington, Delaware 19801

6. The corporation is to have perpetual existence.

7. In furtherance and not in limitation of the powers conferred by statute, the board of directors is expressly authorized:

To make, alter or repeal the by-laws of the corporation.

To authorize and cause to be executed mortgages and liens upon the real and personal property of the corporation.

To set apart out of any of the funds of the corporation available for dividends a reserve or reserves for any proper purpose and to abolish any such reserve in the manner in which it was created.

By a majority of the whole board, to designate one or more committees, each committee to consist of one or more of the directors of the corporation. The board may designate one or more directors as alternate members of any committee, who may replace any absent or disqualified member at any meeting of the committee. The by-laws may provide that in the absence or disqualification of a member of a committee, the member or members thereof present at any meeting and not disqualified from voting, whether or not he or they constitute a quorum, may unanimously appoint another member of the board of directors to act at the

meeting in the place of any such absent or disqualified member. Any such committee, to the extent provided in the resolution of the board of directors, or in the by-laws of the corporation, shall have and may exercise all the powers and authority of the board of directors in the management of the business and affairs of the corporation, and may authorize the seal of the corporation to be affixed to all papers which may require it; but no such committee shall have the power or authority in reference to amending the certificate of incorporation, adopting an agreement of merger or consolidation, recommending to the stockholders the sale, lease or exchange of all or substantially all of the corporation's property and assets, recommending to the stockholders a dissolution of the corporation or a revocation of a dissolution, or amending the by-laws of the corporation; and, unless the resolution or by-laws, expressly so provide, no such committee shall have the power or authority to declare a dividend or to authorize the issuance of stock.

When and as authorized by the stockholders in accordance with statute, to sell, lease or exchange all or substantially all of the property and assets of the corporation, including its good will and its corporate franchises, upon such terms and conditions and for such consideration, which may consist in whole or in part of money or property including shares of stock in, and/or other securities of, any other corporation or corporations, as its board of directors shall deem expedient and for the best interests of the corporation.

8. In the absence of fraud, no contract or other transaction between this corporation and any other corporation or any partnership or association shall be affected or invalidated by the fact that any director or officer of this corporation is

pecuniarily or otherwise interested in or is a director, member or officer of such other corporation or of such firm, association or partnership or is a party to or is pecuniarily or otherwise interested in such contract or other transaction or in any way connected with any person or persons, firm, association, partnership or corporation pecuniarily or otherwise interested therein; any director may be counted in determining the existence of a quorum at any meeting of the board of directors of this corporation for the purpose of authorizing any such contract or transaction with like force and effect as if he were not so interested, or were not a director, member or officer of such other corporation, firm, association or partnership.

9. The corporation shall indemnify any and all of its directors or officers or former directors or officers or any person who may have served at its request as a director or officer of another corporation in which it owns shares of capital stock or of which it is a creditor against expenses actually and necessarily incurred by them in connection with the defense of any action, suit or proceeding in which they, or any of them, are made parties, or a party, by reason of being or having been directors or officers or a director or officer of the corporation or of such other corporation, except in relation to matters as to which any such director or officer or former director or officer or person shall be adjudged in such action, suit or proceeding to be liable for negligence or misconduct in the performance of duty. Such indemnification shall not be deemed exclusive of any other rights to which those indemnified may be entitled, under any by-law, agreement, vote of stockholders, or otherwise.

10. Meetings of stockholders may be held within or without the State of Delaware, as the by-laws may provide. The books of the corporation may be kept (subject to any provision contained in the statutes) outside the State of Delaware at such place or places as may be designated from time to time by the board of directors or in the by-laws of the corporation. Elections of directors need not be by written ballot unless the by-laws of the corporation shall so provide.

11. The corporation reserves the right to amend, alter, change or repeal any provision contained in this certificate of incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon stockholders herein are granted subject to this reservation.

WE, THE UNDERSIGNED, being each of the incorporators hereinbefore named, for the purpose of forming a corporation pursuant to the General Corporation Law of the State of Delaware, do make this certificate, hereby declaring and certifying that this is our act and deed and the facts herein stated are true, and accordingly have hereunto set our hands this 7th day of September , 1984.

K. L. Husfelt

K. L. Husfelt

S. M. Fraticelli

S. M. Fraticelli

C. V. Bolen

C. V. Bolen

EXHIBIT B



**GOVERNMENT OF PUERTO RICO
DEPARTMENT OF STATE
SAN JUAN, PUERTO RICO**

I, ANA MARIA NIGGEMANN, Director, Corporate and Trademark Registries of the Department of State of the Government of Puerto Rico,

CERTIFY: That On November 13, 1996 at 2:25 p.m., a Certificate of Merger between of **"COLGATE-PALMOLIVE (P. R.) INC."**, File 7,368-F, **"COLGATE JUNCOS, INC."**, File 8,879 and **"MENNEN DE PUERTO RICO LTD."**, File 6,786-F, a corporations organized under the laws of Delaware, was filed, surviving the latter changing to **"COLGATE-PALMOLIVE DE PUERTO RICO, INC."**

"COLGATE-PALMOLIVE (P. R.) INC.", File 7,368-F, **"COLGATE JUNCOS, INC."**, File 8,879-F, has been noted as dissolved in our records.

IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issue this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, this 27th of January nineteen hundred ninety seven.

Ana María Niggemann
Director
Corporate and Trademark Registries



**COMMONWEALTH OF PUERTO RICO
DEPARTMENT OF STATE
SAN JUAN, PUERTO RICO**

January 27, 1997

Honorable
Secretary of Treasury
Department of Treasury
San Juan, Puerto Rico

Dear Mr. Secretary:

On November 13, 1996 at 2:25 p.m., a Certificate of Merger between of "COLGATE-PALMOLIVE (P. R.) INC.", File 7,368-F, "COLGATE JUNCOS, INC.", File 8,879 and "MENNEN DE PUERTO RICO LTD.", File 6,786-F, a corporations organized under the laws of Delaware, was filed, surviving the latter changing to "COLGATE-PALMOLIVE DE PUERTO RICO, INC.

"COLGATE-PALMOLIVE (P. R.) INC.", File 7,368-F, "COLGATE JUNCOS, INC.", File 8,879-F, has been noted as dissolved in our records.

Cordially,

Ana María Niggemann
Director
Corporate and Trademark Registries

AMN/erf



**GOVERNMENT OF PUERTO RICO
DEPARTMENT OF STATE
SAN JUAN, PUERTO RICO**

January 27, 1997

REICHARD & CALAF
P.O. Box 2946
San Juan, Puerto Rico 00902-2946

Dear sirs:

On November 13, 1996 at 2:25 p.m., a Certificate of Merger between of "COLGATE-PALMOLIVE (P. R.) INC.", File 7,368-F, "COLGATE JUNCOS, INC.", File 8,879 and "MENNEN DE PUERTO RICO LTD.", File 6,786-F, a corporations organized under the laws of Delaware, was filed, surviving the latter changing to "COLGATE-PALMOLIVE DE PUERTO RICO, INC.

"COLGATE-PALMOLIVE (P. R.) INC.", File 7,368-F, "COLGATE JUNCOS, INC.", File 8,879-F, has been noted as dissolved in our records.

Cordially,

Ana Maria Niggemann
Director
Corporate and Trademark Registries

AMN/erf
83960-\$60.00

EXHIBIT C



Government of Puerto Rico

CERTIFICATE OF EXISTENCE

I, **Omar J. Marrero Díaz**, **Secretary of State** of the Government of Puerto Rico,

CERTIFY: That according to our records "**COLGATE PALMOLIVE DE PUERTO RICO, INC.**", with registration number **6786**, is a **foreign for profit corporation** organized under the laws of **DELAWARE** is authorized to do business in Puerto Rico since **October 8, 1984**.

This certification does not certify that this corporation has filed the annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **August 2, 2021**.

A blue ink signature of Omar J. Marrero Díaz, Secretary of State, is written over a horizontal line.

Omar J. Marrero Díaz
Secretary of State

To validate this certificate go to: <http://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 02-Aug-2022.

Certificate Validation Number: **415907-54725097**

EXHIBIT D

MENNEN DE PUERTO RICO, LTD
Juncos, Puerto Rico

REQUEST FOR CHANGE OF STATUS
(DECLASSIFICATION)

August 1991

[logo:]

CMA

ARCHITECTS & ENGINEERS

Mennen de Puerto Rico Ltd.
Juncos, Puerto Rico

Request for Change of Status
(Declassification)

1. Company Name

Mennen de Puerto Rico Ltd.

2. Mailing Address

P.O. Box 4020
Juncos, Puerto Rico 00777

3. Physical Address

Ceiba Norte Industrial Park
Carretera Estatal [State Highway] PR-31, Km. 24.3
Juncos, Puerto Rico 00777

4. Identification Number

PRD-982539538

5. Name, address, telephone number of authorized representative:

Francisco Gutiérrez, Eng., General Manager
P.O. Box 4020
Juncos, Puerto Rico 00777
(809) 734-9600

6. Detailed description of the manufacturing process that generates the hazardous waste.

The manufacturing process for deodorant bars consists of mixing various chemical products, according to formula, to produce the product. The products are tested and packaged in plastic sticks.

The plastic sticks are decorated on the processing line before being filled with the product. A diagram of the process is attached (Figure 1). The hazardous waste comes primarily from cleaning the decoration machines, brand Tampo, and from the quality control laboratory.

7. Type, quantity and frequency in which the hazardous waste is generated.

Mennen generates a volume of approximately 2,000 Kg/year of hazardous waste. This waste consists primarily of solvents and dyes. A copy of the manifestos from January 1990 to August 1991 is attached.

8. Description of handling method:

The hazardous waste generated by Mennen is collected in recipients approved by the Federal Department of Transportation. They are properly identified and stored in an area specifically designated for these purposes. These recipients are stored for a period of no more than 90 days. They are then collected and disposed of by the company Safety Kleen.

9. Name and identification number of the facility (“Offsite”) to which the hazardous waste generated is sent, including shipment frequency.

- A. Name of the “Offsite” facility – Safety Kleen Envirossystem Co. of Puerto Rico, Inc.
- B. Identification Number – PRD-090399718.
- C. Shipment frequency – varies but never exceeds the 90-day storage period.

10. Any document and/or study that supports the request.

A copy of the inventory reports for emergency and hazardous chemicals known as “Tier One” and “Tier Two” for the period covering the calendar years 1989 to 1990.

These reports show that Mennen de Puerto Rico Ltd. can generate over one hundred (100) Kg, but not exceeding an amount of one thousand (1,000) Kg, of hazardous waste in one calendar month.

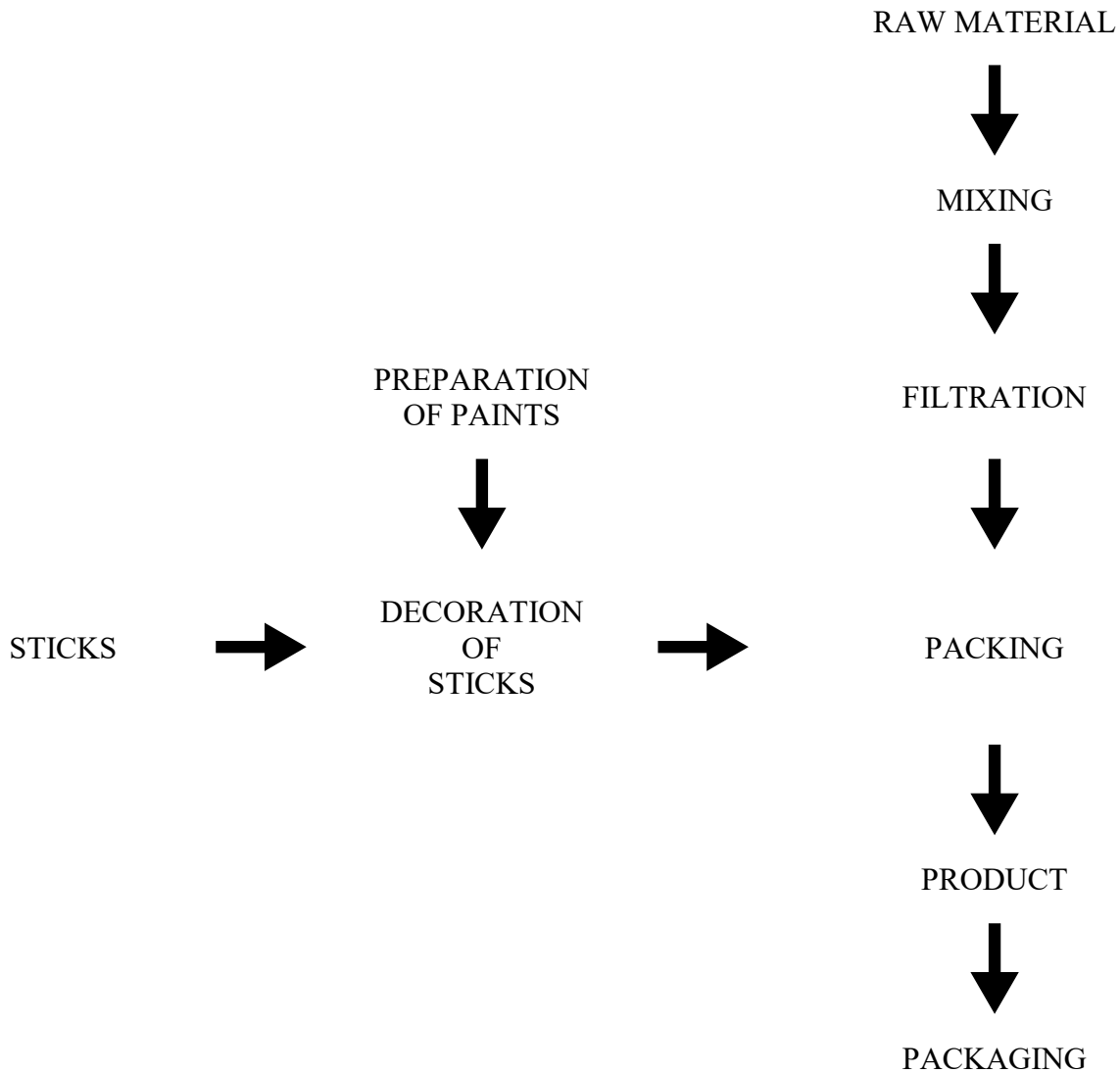
Based on the statements made above, we request a change of status (declassification) as a hazardous waste generator. Mennen should be considered a small quantity generator.

11. Affidavit

I, Francisco Gutiérrez, General Manager of Mennen de Puerto Rico Ltd., in Juncos, certify that: All of the information submitted in this document and all of its attachments are, to the best of my knowledge and opinion, **true, precise and complete.**

[signature]
Francisco Gutiérrez
General Manager
Mennen de Puerto Rico Ltd.

FIGURE 1



[logo:]

<div>PREPARED BY:</div> <div>CMA</div> <div>1509 F.D. Roosevelt Avenue San Juan, PR 00922</div> <div>ARCHITECTS & ENGINEERS</div> <div>Tel. (809) 792-1509</div>	<div>PROCESSING DIAGRAM MENNEN DE PUERTO RICO</div> <div>JUNCOS</div> <div>PUERTO RICO</div>	<div>No. 1</div> <div>SCALE [text cut off]</div>
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MENNEN DE PUERTO RICO, LTD
Juncos, Puerto Rico

SOLICITUD DE CAMBIO DE STATUS
(DESCLASIFICACION)

Agosto 1991



Mennen de Puerto Rico Ltd.
Juncos, Puerto Rico

Solicitud de Cambio de Status
(Desclasificación)

1. Nombre de la empresa

Mennen de Puerto Rico Ltd.

2. Dirección Postal

Apartado 4020
Juncos, Puerto Rico 00777

3. Dirección Física

Urbanización Industrial Ceiba Norte
Carretera Estatal PR-31, Km. 24.3
Juncos, Puerto Rico 00777

4. Número de Identificación

PRD-982539538

5. Nombre, dirección, teléfono del representante autorizado:

Ing. Francisco Gutiérrez, Gerente General
Apartado 4020
Juncos, Puerto Rico 00777
(809) 734-9600

6. Descripción detallada del proceso de manufactura del cual se genera el desperdicio peligroso.

El proceso de manufactura de desodorantes en forma de barra consiste en mezclar varios productos químicos, según fórmula, para producir el producto. Los productos se prueban y envasan en envases plásticos.

Los envases plásticos son decorados en la línea de proceso antes de ser llenados con el producto. Se adjunta diagrama de proceso (Figura 1). Los desperdicios peligrosos provienen primordialmente de la limpieza de las máquinas de decoración marca Tampo y del laboratorio de control de calidad.

7. Tipo, cantidad y frecuencia en la cual se genera el desperdicio peligroso.

Mennen genera un volumen aproximado de 2,000 Kg/año de desperdicios peligrosos. Estos desperdicios consisten principalmente de solventes y tintes. Se adjunta copia de los manifiestos desde enero 1990 hasta agosto 1991.

8. Descripción del método de manejo:

Los desperdicios peligrosos generados por Mennen son recolectados en recipientes aprobados por el Departamento de Transportación Federal. Los mismos son debidamente identificados y almacenados en un área destinada específicamente para estos propósitos. Estos recipientes son almacenados por un período no mayor de 90 días. Luego son recogidos y dispuestos por la compañía Safety Kleen.

9. Nombre de la facilidad ("Offsite") y número de identificación al cual se envia el desperdicio peligroso generado incluyendo frecuencia de envío.

A. Nombre de la facilidad "Offsite" - Safety Kleen Envirosystem Co. of Puerto Rico, Inc.

B. Número de identificación - PRD-090399718.

C. Frecuencia de envío - varía pero nunca excede el período de 90 días de almacenamiento.

10. Cualquier documento y/o estudio que apoye la solicitud.

Se incluye copia de los informes de inventario de emergencia y químicos peligrosos conocidos como "Tier One" y "Tier Two" para el período comprendido entre los años calendario de 1989 hasta el 1990.

Estos informes evidencian que Mennen de Puerto Rico Ltd. puede generar más de cien (100) Kg. pero sin exceder la cantidad de mil (1,000) Kg. de desperdicios peligrosos en un mes calendario.

Basado en lo expuesto anteriormente, solicitamos un cambio de status (desclasificación) como generador de desperdicios peligrosos. Mennen debe ser considerado como un pequeño generador.

11. Declaración Jurada

Yo, Francisco Gutiérrez, Gerente General de Mennen de Puerto Rico Ltd., en Juncos, certifico que: Toda la información sometida en este documento y todos sus anejos es, a mi mejor entender y opinión, verídica, precisa y completa.

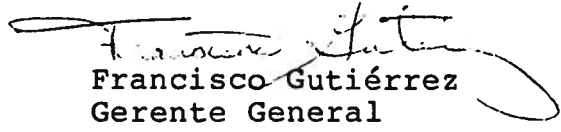
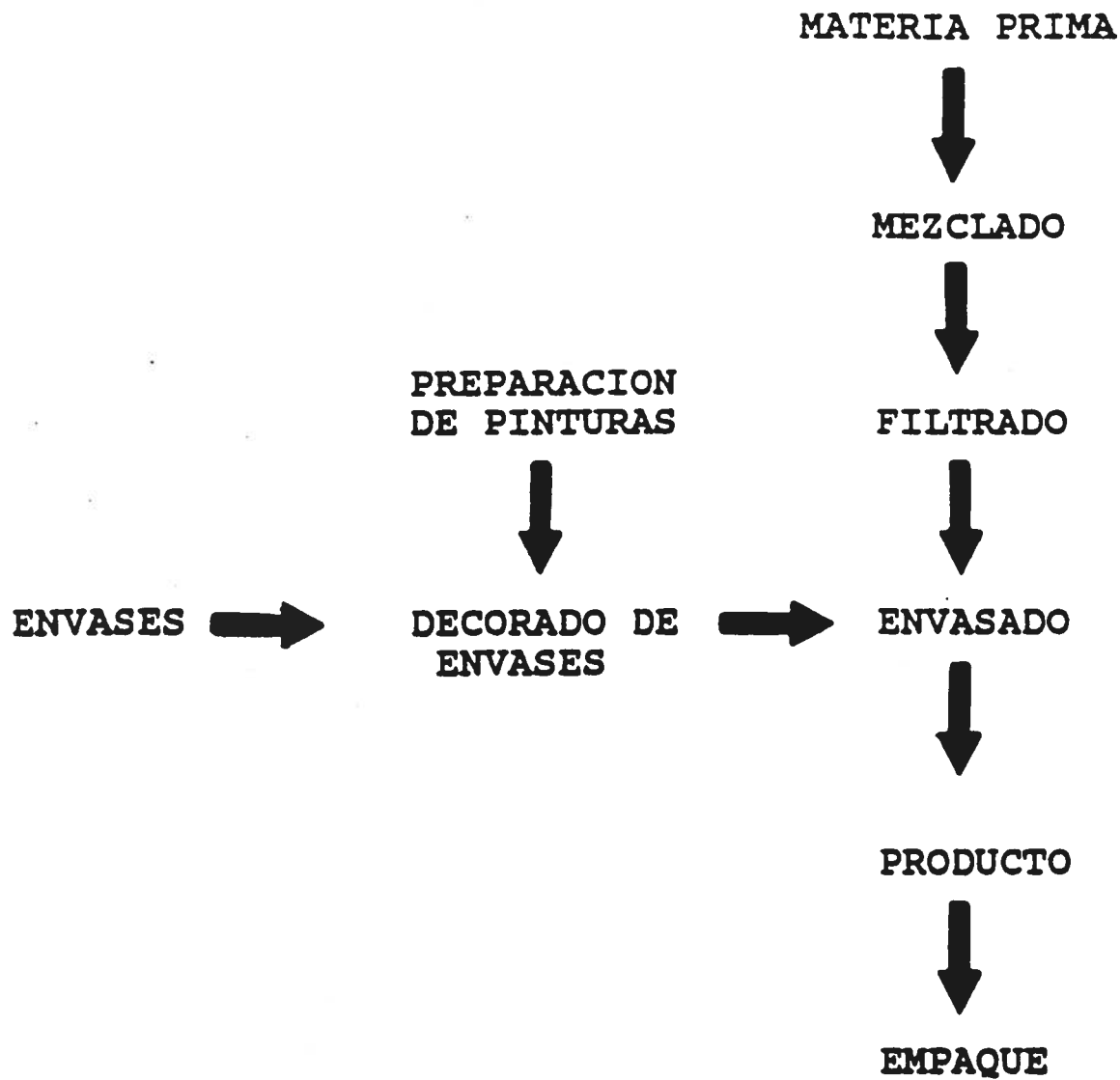

Francisco Gutiérrez
Gerente General
Mennen de Puerto Rico Ltd.

FIGURA 1



PREPARED BY:

CMA

ARCHITECTS & ENGINEERS

1509 F.D. Roosevelt Avenue
San Juan, PR 00922

Tel. (809) 792-1509

DIAGRAMA DE PROCESO
MENNEN DE PUERTO RICO

JUNCOS

PUERTO RICO

FIG.

1

ESCALA

MANIFIESTOS
ENERO, 1990 - AGOSTO, 1991



Environmental
Quality
Board

COMMONWEALTH OF PUERTO RICO
ENVIRONMENTAL QUALITY BOARD
P.O. Box 11488, Santurce, Puerto Rico 00910

1990

4

(Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.
P R D 0 1 9 0 3 9 9 7 1 1 8

2. Page 1 of 1. Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
MEHLEN DE PR
PO BOX 4020
JURONG, PR 00666

V.O. 001713

4. Generator's Phone (809) 734-9600

5. Transporter 1 Company Name
SAFETY-KLEEN ENVIROSYSTEMS CO. OF P.R.

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
Safety-Kleen Envirosystems Co. of Puerto Rico, Inc.
P.O. Box 7098 Hwy. 2 Km. 51.0
Manali, Puerto Rico 00701

10. US EPA ID Number

A. State Manifest Document Number
B. State Generator's IDUS
C. State Transporter's ID
D. State Facility's ID
E. State Facility's Phone
F. State Facility's Address

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers	13. Total Quantity	14. Unit	15. I.D. No.
No. Type		Wt./Vol	Color/White No.
18			
0 0 1 1 D M 0 0 0 1 5 1 5			
0 0 1 1 D M 0 0 0 1 5 1 5			

a. ~~NO HAZARDOUS LIQUID, N.O.S. (ACETONE),~~
~~HAZARDOUS LIQUID, N.O.S. (ACETONE),~~
~~HAZARDOUS LIQUID, N.O.S. (ACETONE),~~
b. ~~HAZARDOUS LIQUID, N.O.S. (1-1-1 TRICHLOROETHYLENE),~~
~~HAZARDOUS LIQUID, N.O.S. (1-1-1 TRICHLOROETHYLENE),~~
c. ~~HAZARDOUS LIQUID, N.O.S. (HYDROCHLORIC ACID, 37%),~~
~~HAZARDOUS LIQUID, N.O.S. (HYDROCHLORIC ACID, 37%),~~
d. ~~HAZARDOUS LIQUID, N.O.S. (HYDROCHLORIC ACID, 37%),~~
~~HAZARDOUS LIQUID, N.O.S. (HYDROCHLORIC ACID, 37%),~~

15. Special Handling Instructions and Additional Information

Special Handling Instructions and Additional Information. In case of spill: chemical resistant clothing and gloves should be worn, in addition to respirators masks capable of handling organic materials, safety glasses, goggles and any other safety equipment considered necessary to prevent direct contact with the materials included in the drums or tank trucks. In case of individual injuries: rest, remove contaminated clothes, immediately flush eyes with running water and wash skin with soap and plenty of water. If possible, transport to a Hospital; if not call Emergency Medical Care

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future adverse human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: LUIS E. URRUTIA
Signature: Tomas Gonzalez
Month Day Year: 9 1 1 15 19 90

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: NELSON M. RUIZ
Signature: Nelson Ruiz
Month Day Year: 10 1 1 15 19 90

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: _____
Signature: _____
Month Day Year: _____

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name: _____
Signature: _____
Month Day Year: _____

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No
P R D 9 8 2 5 3 9 5 3 2 9 0 0 0 2

2. Page 1 of 1
Information in the shaded areas is not required by Federal law

3 Generator's Name and Mailing Address

Mennen de P.R.
P.O. Box 4020
Juncos, PR 00666 62-1600 P.O. 002186

A. State Manifest Document Number

B. State Generator's ID

4 Generator's Phone (809) 734-9600

5. US EPA ID Number

C. State Transporter's ID HW-02

5 Transporter 1 Company Name
SAFETY-KLEEN ENVIROSYSTEMS CO. OF P.R.

P R D 0 9 0 3 9 9 7 1 8

D. Transporter's Phone (809) 854-1090

7 Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9 Designated Facility Name and Site Address

10. US EPA ID Number

G. State Facility's ID

Safety-Kleen Envirosystems Co. of Puerto Rico, Inc.
P O Box 1098 Hwy 2 Km. 51.0
Manati, Puerto Rico 00701

P R D 0 9 0 3 9 9 7 1 8

H. Facility's Phone
(809) 854-1090

11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12 Containers No.	Type	13. Total Quantity	14 Unit Wt/Vol	1. Waste No.
0 0 2	D F	0 0 3 0	G	F003 (D001, F005)
0 0 2	D M	0 0 1 1 1 0	G	F001 (D001, D008) (F003)

a. RQ Waste Flammable Liquid, N.O.S., (Methanol, Pyridine)
UN 1993 (EPA, D001, F003, F005) (RQ100)

b. RQ Waste Combustible Liquid, N.O.S. (1,1,1-Trichloro-ethane, Aliphatics), NA 1993 (EPA, D001, F001, F003, D008) (RQ1)

J. Additional Descriptions for Materials Listed Above

a) contains methyl alcohol, ethylene glycol, methyl ether aliphatics, acetone, pyridine, ethyl alcohol, toluene, methylene chloride, (S-39389)-1002 b) contains: acetone, methyl ethyl ketone, 1,1,1-trichloroethane, 1,4 dioxane, perchloroethylene, xylene, aliphatics (S-39394)-1053

K. Handling Codes for Wastes Listed Above

S01, S02, T50, T16

501, 502, T50, T16

15. Special Handling Instructions and Additional Information

Special Handling Instructions and Additional Information: In case of spill: chemical resistant clothing and gloves should be worn. In addition to respirators masks capable of handling organic materials, safety glasses, goggles and any other safety equipment considered necessary to prevent direct contact with the materials included in the drums or tank trucks. In case of individual injuries: rest, remove contaminated clothes, immediately flush eyes with running water and wash skin with soap and plenty of water. If possible, transport to a Hospital; if not call Emergency Medical Care.

Emergency response information number (809) 734-9600/TSDF (809) 854-1090

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month Day Year

Luis Candalaria

Luis Candalaria

0 6 1 1 9 0

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

Nelson Meleudez

Nelson Meleudez

1 0 6 1 1 9 0

18 Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19 Discrepancy Indication Space

20 Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

Lourdes Acevedo

Lourdes Acevedo

1 0 6 1 1 9 0



Environment
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COMMONWEALTH OF PUERTO RICO
ENVIRONMENTAL QUALITY BOARD
P.O. Box 11488, Santurce, Puerto Rico 00910

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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No P R D 9 8 2 5 3 9 5 3 2 9 0 0 0 3		Manifest Document No. 9 0 0 0 3		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.													
3. Generator's Name and Mailing Address Mennen de P.R. P.O. Box 4020 Juncos, P.R. 00666 (809) 734-9600						A. State Manifest Document Number															
4. Generator's Phone 62-1600 P.O. 002761						B. State Generator's ID															
5. Transporter 1 Company Name SAFETY-KLEEN ENVIRONSISTEMS CO. OF P.R. P R D 0 9 0 3 9 9 7 1 1 8						C. State Transporter's ID HW-02															
6. Transporter 1 US EPA ID Number						D. Transporter's Phone (809) 854-1090															
7. Transporter 2 Company Name						E. State Transporter's ID															
8. Transporter 2 US EPA ID Number						F. Transporter's Phone															
9. Designated Facility Name and Site Address Safety Kleen Environsystems Co. of Puerto Rico, Inc. P.O. Box 1098 Hwy 2 Km. 51.0 Marali, Puerto Rico 00701 P R D 0 9 0 3 9 9 7 1 1 8						G. State Facility's ID															
10. Facility's US EPA ID Number						H. Facility's Phone (809) 854-1090															
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.									
a. RQ, Waste Combustible Liquid, N.O.S., (1,1,1-Trichloroethane, Aliphatics) NA 1993 (EPA, D001, D008, F003, F001) (RQ 100)						0 0 2 D M		0 0 2 0 8 K				F001 (D001, D008) F003									
b. RQ, Waste Flammable Liquid, N.O.S., (Methanol, Ethanol) UN 1993 (EPA, D001, F003, F005) (RQ 100)						0 0 1 D F		0 0 0 5 0 K				(D001) F003 (F005)									
c. Hazardous Waste Liquid, N.O.S., (Methanol, Propylene Glycol) ORM-E NA 9189 (EPA, F003)						0 0 1 D F		0 0 1 2 0 K				F003									
d. Hazardous Waste Solid, N.O.S., (Aliphatics) ORM-E NA 9189 (EPA, D007)						0 0 3 D M		0 0 5 2 2 K				D007									
16. Additional Descriptions for Materials Listed Above a) Contains: Acetone, Methyl Ethyl Ketone, 1,1,1-Trichloroethane, 1,4 Dioxane, Perchloroethylene, Xylene, Aliphatics (S-39394)-1053 b) Contains: Methanol, Ethanol, Toluene, Pyridine, Acetone, Ethylene Glycol Methyl Ether, Aliphatics (S-150004)-2003 c) Contains: Methanol, Isopropanol, Propylene Glycol, Diethylene Glycol (S-150005)-1224 D) Contains: Aliphatics Chromium (S-84284) -1159						K. Handling Codes for Wastes Listed Above S01, S02, T50, T16 301, 302, T54, T16															
15. Special Handling Instructions and Additional Information Special Handling Instructions and Additional Information: In case of spill: chemical resistant clothing and gloves should be worn, in addition to respirators masks capable of handling organic materials, safety glasses, goggles and any other safety equipment considered necessary to prevent direct contact with the materials included in the drums or tank trucks. In case of individual injuries: rest, remove contaminated clothes, immediately flush eyes with running water and wash skin with soap and plenty of water. If possible, transport to a Hospital. If not call Emergency Medical Care.																					
24 HOURS EMERGENCY RESPONSE INFORMATION NUMBER (809) 734-9600/TSDF (809) 854-1090																					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																					
Printed/Typed Name (ON BEHALF OF) LUIS CANDELARIA / FRANCISCO GUTIERREZ						Signature Fco. Gutierrez				Month Day Year 11/08/90											
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name NELSON MELENDEZ						Signature Nelson Melendez				Month Day Year 11/08/90											
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name						Signature				Month Day Year											
19. Discrepancy Indication Space																					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Cana Gomez														Signature Cana Gomez				Month Day Year 11/08/90			

DEC 04 1997

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Form Approved OMB No. 2050-0039 Expires 9-30-91

UNITED STATES HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address Nemmen de P.R. P.O. Box 4020 Juncos, P.R. 00666 Generator's Phone (809) 734-9600		4. Generator's US EPA ID Number P.O. 002761 62-1600		A. State Manifest Document Number		
5. Transporter 1 Company Name SAFETY-KLEEN ENVROSYSTEMS CO. OF P.R.		6. Transporter 1 US EPA ID Number P.R.D. 0903997118		B. State Generator's ID		
7. Transporter 2 Company Name		8. Transporter 2 US EPA ID Number		C. State Transporter's ID HW-02		
9. Designated Facility Name and Site Address Safety Kleen Envirosystems Co. of Puerto Rico, Inc. P.O. Box 1098 Hwy. 2 Km. 51.0 Manali, Puerto Rico 00701		10. Facility's US EPA ID Number P.R.D. 0903997118		D. Transporter's Phone (809) 854-1090		
				E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone (809) 854-1090		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	15. Waste No.
a. NOT A DOT REGULATED MATERIAL, NOT AN EPA HAZARDOUS WASTE		001	dm	00216	K	N/A
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above a) Contains: Water with color solution (S-39388)-1055		K. Handling Codes for Wastes Listed Above S01, S02, T50, T16 501, 502, T54, T16				
15. Special Handling Instructions and Additional Information Special Handling Instructions and Additional Information in case of spill: chemical resistant clothing and gloves should be worn. In addition to respirators masks capable of handling organic materials, safety glasses, goggles and any other safety equipment considered necessary to prevent direct contact with the materials included in the drums or tank trucks. In case of individual injuries: rest, remove contaminated clothes, immediately flush eyes with running water and wash skin with soap and plenty of water. If possible, transport to a Hospital; if not call Emergency Medical Care.						
24 hours emergency response information number (809) 734-9600/TSDF (809) 854-1090						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Printed/Typed Name (ON BEHALF OF) Luis Candelaria FRANCISCO Gutierrez +co. Signature Month Day Year 11/10/89 10						
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Nelson Meléndez Signature Month Day Year 11/10/89 10						
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day Year						
19. Discrepancy Indication Space						
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Signature Month Day Year 11/10/89 10						

IN CASE OF EMERGENCY OF SPILL IMMEDIATELY CALL THE ENVIRONMENTAL QUALITY BOARD 1-800-725-7339



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COMMONWEALTH OF PUERTO RICO
ENVIRONMENTAL QUALITY BOARD
P.O. Box 11488, Santurce, Puerto Rico 00910

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Form Approved, OMB No. 2050-0039, Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No P R D 9 8 2 5 3 9 5 3 2 9 0 0 0 5		Manifest Document No 5		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.									
3. Generator's Name and Mailing Address MENNEN DE P.R. P.O. BOX 4020 JUNCOS, P.R. 00666 62-1600						A. State Manifest Document Number											
4. Generator's Phone (809) 734-9600						B. State Generator's ID											
5. Transporter 1 Company Name SAFETY-KLEEN ENVROSYSYSTEMS CO. OF P.R.						C. State Transporter's ID HW-02											
6. Transporter 1 US EPA ID Number P R D 0 9 0 3 9 9 7 1 1 8						D. Transporter's Phone (809) 854-1090											
7. Transporter 2 Company Name						E. State Transporter's ID											
8. Transporter 2 US EPA ID Number						F. Transporter's Phone											
9. Designated Facility Name and Site Address Safety Kleen EnviroSystems Co. of Puerto Rico, Inc. P.O. Box 1098 Hwy 2 Km. 51.0 Manati, Puerto Rico 00701						G. State Facility's ID											
10. Facility's US EPA ID Number P R D 0 9 0 3 9 9 7 1 1 8						H. Facility's Phone (809) 854-1090											
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.					
a. HAZARDOUS WASTE SOLID, N.O.S., (ALIPHATICS), ORM-E NA 9189 (EPA, D007)						0 0 4 D M		0 0 5 4 4		K		D007					
b. WASTE ISOPROPYL ALCOHOL, FLAMMABLE LIQUID UN 1219 (EPA, D001)						0 0 1 D M		0 0 1 2 0		K		D001					
c.																	
d.																	
J. Additional Descriptions for Materials Listed Above A) CONTAINS: ALIPHATICS, CHROMIUM (S-84284)-1159 B) CONTAINS: ISOPROPYL ALCOHOL (S-150000)-1012						K. Handling Codes for Wastes Listed Above S01, S02, T50, T16 S01, S02, T50, T16											
15. Special Handling Instructions and Additional Information Special handling instructions and additional information in case of spill: chemical resistant clothing and gloves should be worn. In addition to respirators masks capable of handling organic materials, safety glasses, goggles and any other safety equipment considered necessary to prevent direct contact with the materials included in the drums or tank trucks. In case of individual injuries: rest, remove contaminated clothes, immediately flush eyes with running water and wash skin with soap and plenty of water. If possible, transport to a Hospital. If not call Emergency Medical Care. 24 HOURS EMERGENCY RESPONSE INFORMATION NUMBER (809) 734-9600/TSDF (809) 854-1090																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name (ON BEHALF OF) LUIS CANDELARIA exa/or Pedro Monroig														Signature Pedro Monroig		Month Day Year 11/21/90	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name NELSON MELENDEZ														Signature Nelson Melendez		Month Day Year 11/21/90	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name														Signature		Month Day Year	
19. Discrepancy Indication Space																	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Gaudes Acuña														Signature Gaudes Acuña		Month Day Year 11/21/90	

IN CASE OF EMERGENCY OF SPILL IMMEDIATELY CALL THE ENVIRONMENTAL QUALITY BOARD (787) 726-1234



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P.O. Box 11488, Santurce, Puer.

BOARD
00910

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Form Approved. OMB No. 2050-0039 Expires 9-30-91

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No P R D 9 8 1 2 5 3 9 1 5 1 3 1 2 9 1 1 0 1 0 1		Manifest Document No 10101		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address MENNEN DE P.R. P.O. BOX 4020 JINCOS, P.R. 00666. Generator's Phone (809) 734-9600						A. State Manifest Document Number							
5. Transporter 1 Company Name SAFETY KLEEN ENVIROSYSTEMS CO. OF P.R. Transporter 1 Company Name P R D 0 9 0 3 9 9 7 1 8						B. State Generator's ID							
6. Transporter 1 US EPA ID Number						C. State Transporter's ID HW-02							
7. Transporter 2 Company Name						D. Transporter's Phone (809) 854-1090							
8. Transporter 2 US EPA ID Number						E. State Transporter's ID							
9. Designated Facility Name and Site Address Safety-Kleen EnviroSystems Co. of Puerto Rico, Inc. P.O. Box 1098 Hwy 2 Km. 51.0 Manati, Puerto Rico 00701 P R D 0 9 0 3 9 9 7 1 8						F. Facility's Phone (809) 854-1090							
10. Designated Facility US EPA ID Number						G. State Facility's ID							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. WASTE PETROLEUM NAPHTHA, COMBUSTIBLE LIQUID, UN 1255 (EPA, IGNITABILITY D001)						0101 DIM 0126.1		K		D001			
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above A) CONTAINS MINERAL SPIRITS AND OIL.						K. Handling Codes for Wastes Listed Above S01, S02, T63 501, 502, T63							
15. Special Handling Instructions and Additional Information Special Handling Instructions and Additional Information. In case of spill, chemical resistant clothing and gloves should be worn. In addition to respirators masks capable of handling organic materials, safety glasses, goggles and any other safety equipment considered necessary to prevent direct contact with the materials included in the drums or tank trucks. In case of individual injuries, remove contaminated clothes, immediately flush eyes with running water and wash skin with soap and plenty of water. If possible, transport to a Hospital; if not call Emergency Medical Care.													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable, and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Printed/Typed Name: PEDRO J MONDRIG MEJIAS Signature: Pedro J Mondrig Mejias Month Day Year: 10/21/91													
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name: Juan Santiago Signature: Juan Santiago Month Day Year: 10/21/91													
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name: _____ Signature: _____ Month Day Year: _____													
19. Discrepancy Indication Space IN item 15 should be added "24 hours Emergency response information number 809-734-9600 / TSP 854-1090 Add FOR Emer 809-854-1090"													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name: Lourdes Acevedo Signature: Lourdes Acevedo Month Day Year: 10/22/91													

IN CASE OF EMERGENCY OF SPILL IMMEDIATELY CALL THE ENVIRONMENTAL QUALITY BOARD (809) 722-0439



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COMMONWEALTH OF PUERTO RICO
ENVIRONMENTAL QUALITY BOARD

P.O. Box 11488, Santurce, Puerto Rico 00910

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JR

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Form Approved OMB No. 2050-0039 Expires 9 30 91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No P R D 9 8 1 2 1 5 3 9 1 5 3 2 1		Manifest Document No 91002		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.											
3. Generator's Name and Mailing Address MENNEN DE P.R. P.O. BOX 4020 JUNCOS, P.R. 00666 4. Generator's Phone (809) 734-9600				62-1600 P.O. 003158		A. State Manifest Document Number													
5. Transporter 1 Company Name Safety Kleen Envirosystems Co of P.R.				6. US EPA ID Number P R D 0 9 0 3 9 9 7 1 8		B. State Generator's ID													
7. Transporter 2 Company Name				8. US EPA ID Number		C. State Transporter's ID HW-02													
9. Designated Facility Name and Site Address Safety Kleen Envirosystems Co of P.R., Inc. P.O. Box 1098 Hwy. #2 Km. 51.0 Manati, P.R. 00701				10. US EPA ID Number P R D 0 9 0 3 9 9 7 1 8		D. Transporter's Phone (809) 854-1090													
						E. State Transporter's ID													
						F. Transporter's Phone													
						G. State Facility's ID													
						H. Facility's Phone (809) 854-1090													
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.							
a. HAZARDOUS WASTE LIQUID, N.O.S., (METHANOL, PROPYLENE GLYCOL) ORM-F NA 9189 (EPA, F003)						0 0 1 D M		0 0 0 6 0		K		F003							
b. I., WASTE COMBUSTIBLE LIQUID, N.O.S., (1,1,1-TRICHLOROETHANE, ALIPHATICS) NA 1993 (L.A., D001, D008, F001, F003) (RQ 100)						0 0 1 D M		0 0 2 1 9		K		F001 (D001, D008) (F003)							
c.																			
d.																			
J. Additional Descriptions for Materials Listed Above A) CONTAINS: METHANOL, ISOPROPANOL, PROPYLENE GLYCOL, DIETHYLENE GLYCOL (S-150005) 1224 GUIDE #31 B) CONTAINS: ACETONE, METHYL ETHYL KETONE, 1,1,1 - TRICHLOROETHANE, 1,4 DIOXANE, PERCHLOROETHYLENE, XYLENE, ALIPHATICS (S-39394)-1053 GUIDE #27						K. Handling Codes for Wastes Listed Above S01, S02, T50, T16 S01, S02, T50, T16													
16. Special Handling Instructions and Additional Information. Special Handling Instructions and Additional Information in case of spill: chemical resistant clothing and gloves should be worn in addition to respirators masks capable of handling organic materials, safety glasses, goggles and any other safety equipment necessary to prevent direct contact with the materials included in the drums or tank trucks in case of individual injuries: rest, remove contaminated clothes, immediately flush eyes with running water, and wash skin with soap and plenty of water. If possible, transport to a Hospital; if not call Emergency Medical Care. 24 HOURS EMERGENCY RESPONSE INFORMATION NUMBER (809) 734-9600 /TSDF (809) 854-1090																			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																			
Printed/Typed Name (ON BEHALF OF) PEDRO MONROIG					Signature Pedro Monroig					Month Day Year 10 13 10 11 19 11									
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name NELSON MELENDEZ					Signature Nelson Melendez					Month Day Year 10 13 10 11 19 11									
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name					Signature					Month Day Year									
19. Discrepancy Indication Space																			
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Antonio Acevedo										Signature Antonio Acevedo					Month Day Year 10 13 10 11 19 11				



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ENVIRONMENTAL QUALITY BOARD
P.O. Box 11488, Santurce, Puerto Rico 00910

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Form Approved. OMB No. 2050-0039. Expires 8-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No. P R D 9 8 2 5 3 9 5 3 2 9 QUOTATIONS

3. Generator's Name and Mailing Address

P.O. #003241 62-1600

MENNEN DE P.R.

P.O. BOX 4020

JUNCOS, P.R. 00666

(809)734-9600

attn: FRANCISCO GUTIERREZ

4. Generator's Phone

5. Transporter 1 Company Name

6. US EPA ID Number

SAFETY-KLEEN ENVIROSYSTEMS CO. OF P.R.

P R D 0 9 0 3 9 9 7 1 8

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

Safety-Kleen Envirosystems Co. of Puerto Rico, Inc.

P.O. Box 1098 Kwy. 2 Km. 51.0

Manatí, Puerto Rico 00701

P R D 0 9 0 3 9 9 7 1 8

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total
Quantity14. Unit
Wt/Vola. NOT A DOT REGULATED MATERIAL, NOT AN EPA HAZARDOUS
WASTE

01015 DIF 0101416 K

b.

c.

d.

12. Additional Instructions for Materials Listed Above

a) CATIONIC RESIN S 150000

901

15. Special Handling Instructions and additional information

Special Handling Instructions and Additional Information. In case of spill: chemical resistant clothing and gloves should be worn. In addition to respirators masks capable of handling organic materials, safety glasses, goggles and any other safety equipment considered necessary to prevent direct contact with the materials included in the drums of tank trucks. In case of individual injuries: rest, remove contaminated clothes, immediately flush eyes with running water and wash skin with soap and plenty of water. If possible, transport to a hospital if not call Emergency Medical Care.

24 hours Emergency response information number (809)734-9600

TSDP (809) 854-1080

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Type Name (ON BEHALF OF)

FRANCISCO GUTIERREZ

Signature

Francisco Gutierrez

Month Day Year

1999591

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

NELSON MELENDEZ

Signature

Nelson Melendez

Month Day Year

1999591

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

1999591

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Lourdes Alvarez

Signature

Lourdes Alvarez

Month Day Year

1999591

TOTAL P 03

IN CASE OF EMERGENCY OF SPILL IMMEDIATELY CALL THE ENVIRONMENTAL QUALITY BOARD



Environmental
Quality
Board

COMMONWEALTH OF PUERTO RICO
ENVIRONMENTAL QUALITY BOARD
P.O. Box 11488, Santurce, Puerto Rico 0091.

1

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. CMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Number		2. Material ID		3. Information in the shipping document	
3. Generator's Name and Mailing Address MENNEN DE P.R. P.O. BOX 4020 JUNCOS, P.R. 00666 4. Generator's Phone (809) 734-9600 attn: FRANCISCO GUTIERREZ		P.O. #003241 62-1600		P R D 9 8 2 5 3 9 5 3 2 9 1 0 0 4					
5. Transporter 1 Company Name SAFETY-KLEEN ENVIROSYSTEMS CO. OF P.R.		US EPA ID Number P R D 0 9 0 3 9 9 7 1 8							
7. Transporter 2 Company Name		US EPA ID Number							
9. Designated Facility Name and Site Address Safety-Kleen EnviroSystems Co. of Puerto Rico, Inc. P.O. Box 1098 Kwy. 2 Km. 51.0 Manati, Puerto Rico 00701		10. US EPA ID Number P R D 0 9 0 3 9 9 7 1 8							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol	
a. HAZARDOUS WASTE SOLID, N.O.S., (ALIPHATICS, CHROMIUM) ORM-E NA 9189 (EPA, D007)				0 0 2 D F 0 0 0 6 9		K			
b. WASTE FLAMMABLE SOLID, N.O.S., (ALIPHATICS, ETHANOL) UN1325 (EPA, D001, D008, D007)				0 0 6 D F 0 0 1 9 6		K			
c.									
d.									
15. Special Handling Instructions and additional information Special Handling Instructions and Additional Information. In case of spill: chemical resistant clothing and gloves should be worn, in addition to respirators masks capable of handling organic materials, safety glasses, goggles and any other safety equipment considered necessary to prevent direct contact with the materials included in the drums of tank trucks. In case of individual injuries: first remove contaminated clothes, immediately flush eyes with running water and wash skin with soap and plenty of water. If possible, transport to a hospital; if not call Emergency Medical Care. 24 hours Emergency response information number (809) 734-9600 /TSD (809 854-1090)									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.				Printed/Type Name (ON BEHALF OF) FRANCISCO GUTIERREZ		Signature <i>Francisco Gutierrez</i>		Month Day Year 0 4 0 5 9 1	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name NELSON MELENDEZ				Signature <i>Nelson Melendez</i>				Month Day Year 0 4 0 5 9 1	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature				Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name <i>Rubén Acevedo</i>				Signature <i>Rubén Acevedo</i>				Month Day Year 0 4 0 5 9 1	

IN CASE OF EMERGENCY OF SPILL IMMEDIATELY CALL THE ENVIRONMENTAL QUALITY BOARD



Environmental
Quality
Board

COMMONWEALTH OF PUERTO RICO
ENVIRONMENTAL QUALITY BOARD

P.O. Box 11488, Santurce, Puerto Rico 00910

APR 22 1991

1

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. P R D 9 8 2 5 3 9 5 3 2 9 7 0 0 6		Manifest Document No. 97006		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address MENNEN DE P.R. P.O. BOX 4020 JUNCOS, P.R. 00666 4. Generator's Phone (809) 734-9600						A. State Manifest Document Number			
5. Transporter 1 Company Name SAFETY-KLEEN ENVIROSYSTEMS CO. OF PR 6. US EPA ID Number P R D 0 9 0 3 9 9 7 1 8						B. State Generator's ID			
7. Transporter 2 Company Name						C. State Transporter's ID HW-02			
8. US EPA ID Number						D. Transporter's Phone (809) 854-1090			
9. Designated Facility Name and Site Address SAFETY-KLEEN ENVIROSYSTEMS CO. OF P.R. INC. P.O. BOX 1098 HWY. 2 KM. 51.0 MANATI, P.R. 00701						E. State Transporter's ID			
10. US EPA ID Number P R D 0 9 0 3 9 9 7 1 8						F. Transporter's Phone			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						G. State Facility's ID			
a. WASTE PETROLEUM NAPHTHA, COMBUSTIBLE LIQUID, UN 1255 (EPA, IGNITABILITY D001)						12. Containers No. Type 0 0 1 D M		13. Total Quantity 0 0 2 8 7	
b.						14. Unit Wt/Vol K		15. Waste No. D001	
c.									
d.									
J. Additional Descriptions for Materials Listed Above A) CONTAINS MINERAL SPIRITS AND OIL. (GUIDE 27)						K. Handling Codes for Wastes Listed Above S01, S02, T63 5011502T63			
15. Special Handling Instructions and Additional Information Special handling instructions and Additional Information. In case of spill: chemical resistant clothing and gloves should be worn in addition to respirators masks capable of handling organic materials, safety glasses, goggles, and any other safety equipment considered necessary to prevent direct contact with the materials included in the drums or tank trucks. In case of individual injuries: rest, remove contaminated clothes, immediately flush eyes with running water and wash skin with soap and plenty of water. If possible, transport to a Hospital; if not call Emergency Medical Care. 24 HOUR EMERGENCY RESPONSE INFORMATION NUMBER (809) 734-9600 / TSDF (809) 854-1090									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name (ON BEHALF OF) FRANCISCO GUTIERREZ						Signature <i>Francisco Gutierrez</i>		Month Day Year 04/1/91	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Juan Santiago						Signature <i>Juan Santiago</i>		Month Day Year 04/1/91	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name						Signature		Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Luis Acero									
Signature <i>Luis Acero</i>						Month Day Year 04/1/91			



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COMMONWEALTH OF PUERTO RICO
ENVIRONMENTAL QUALITY BOARD

P.O. Box 11488, Santurce, Puerto Rico 00910

JUN 27 1991

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Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. P R D 9 8 2 5 3 9 5 3 4 9 7 0 0 7		2. Page 1 Manifest Document No. 497007		3. Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address MENNEN DE P.R. P.O. BOX 4020 JUNCOS, P.R. 00666				A. State Manifest Document Number			
4. Generator's Phone (809) 734-9600				B. State Generator's ID			
5. Transporter 1 Company Name SAFETY-KLEEN ENVIROSYSTEMS CO. OF P.R.				6. US EPA ID Number P R D 0 9 0 3 9 9 7 1 1 8		C. State Transporter's ID HW-02	
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone (809) 854-1090	
9. Designated Facility Name and Site Address Safety-Kleen Envirosystems Co. of Puerto Rico, Inc. P.O. Box 31098, Hwy. 2 Km. 51.0 Manatí, Puerto Rico 00701				10. US EPA ID Number P R D 0 9 0 3 9 9 7 1 1 8		E. State Transporter's ID	
						F. Transporter's Phone	
						G. State Facility's ID	
						H. Facility's Phone (809) 854-1090	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type		13. Total Quantity	
a. WASTE PETROLEUM NAPHTHA, COMBUSTIBLE LIQUID, UN 1255 (EPA, IGNITABILITY D001)				091 D M		0031.5	
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above A) CONTAINS MINERAL SPIRITS AND OIL. (GUIDE 27)				K. Handling Codes for Wastes Listed Above S01, S02, T63			
15. Special Handling Instructions and Additional Information Special Handling Instructions and Additional Information. In case of spill: chemical resistant clothing and gloves should be worn. In addition to respirators masks capable of handling organic materials, safety glasses, goggles and any other safety equipment considered necessary to prevent direct contact with the materials included in the drums or tank trucks. In case of individual injuries: rest, remove contaminated clothes, immediately flush eyes with running water and wash skin with soap and plenty of water. If possible, transport to a Hospital; if not call Emergency Medical Care. 24 hours Emergency response information number (809) 734-9600 /TSD (809) 854-1090							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name (ON BEHALF OF) Francisco Gutierrez				Signature Fco. Gutierrez		Month Day Year 10/6/91	
17. Transporter 1 Acknowledgment of Receipt of Materials Printed/Typed Name Juan Santiago				Signature Juan Santiago		Month Day Year 10/6/91	
18. Transporter 2 Acknowledgment of Receipt of Materials Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Zulma Gonzalez							
				Signature Zulma Gonzalez		Month Day Year 10/6/91	



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ENVIRONMENTAL QUALITY BOARD

P.O. Box 11488, Santurce, Puerto Rico 00910

6

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. P R D 9 8 2 5 3 9 5 3 8 9 1 0 0 8		2. Page 1 of 2 Manifest Document No. 17081124		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Mannen de P.R. PO Box 4020 Juncos, PR 00777-4020 62-1600 (809) 734-9600 P.O. 003595				A. State Manifest Document Number 001-1001-111111			
4. Generator's Phone				B. State Generator's ID 001-1001-111111			
5. Transporter 1 Company Name SAFETY-KLEEN ENVIROSYSTEMS CO. OF P.R.				C. State Transporter's ID - HW-02			
6. US EPA ID Number P R D 0 9 0 3 9 9 7 1 1 8				D. Transporter's Phone (809) 854-1090			
7. Transporter 2 Company Name				E. State Transporter's ID			
8. US EPA ID Number				F. Transporter's Phone			
9. Designated Facility Name and Site Address Safety-Kleen Envirosystems Co. of Puerto Rico, Inc. P.O. Box 31098, Hwy. 2 Km. 51.0 Manatí, Puerto Rico 00701				G. State Facility's ID 001-1001-111111			
10. US EPA ID Number P R D 0 9 0 3 9 9 7 1 1 8				H. Facility's Phone (809) 854-1090			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit WT/Vol	
		No. Type				Waste No.	
a) RQ, Waste Ink, Flammable Liquid UN 1210 (EPA, D001, F003, F005) (RQ100)		0 0 1 D F 0 0 0 3 4 K				D001 (F003, F005)	
b) RQ, Waste Combustible Liquid, N.O.S., (1,1,1-Trichloroethane, Aliphatics) NA 1993 (EPA, D001, D008, F001, F003) (RQ100)		0 0 1 D M 0 0 1 7 5 K				F001 (D001, D008, F003)	
c) RQ, Waste Flammable Liquid, N.O.S., (Methanol, Ethanol) UN 1993 (EPA, D001, F003, F005) (RQ100)		0 0 1 D F 0 0 0 5 4 K				(D001, F005) F003	
d) RQ, Waste Corrosive Liquid, Poisonous, N.O.S., (Mercury, Sulfuric Acid) Corrosive Material UN 2922 (EPA, D002, D007, D009, D011) (RQ100)		0 0 1 D F 0 0 0 2 1 K				D002, D007 D009, D011	
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above					
a) Contains: methyl ethyl ketone, methanol, n-butyl alcohol, ethanol, aliphatics (2-1000) 1137 guide #26 b) Contains: acetone, methyl ethyl ketone, 1,1,1-trichloroethane, xylene 1,4 dioxane, aliphatics, perchloroethylene (2-1000) 1053 guide #27 c) Contains: methanol, ethanol, toluene, pyridine, acetone, ethylene glycol, methyl ethyl aliphatics (2-1000) 201 guide #27 d) Contains: one vial (2-1000)		a), b), c) S01, S02, Y30, Y16 d) S01					
15. Special Handling Instructions and Additional Information for transshipment to GSX (guide #59)							
Special Handling Instructions and Additional Information. In case of spill: chemical resistant clothing and gloves should be worn; in addition to respirators masks capable of handling organic materials, safety glasses, goggles and any other safety equipment considered necessary to prevent direct contact with the materials included in the drums or tank trucks. In case of individual injuries: rest, remove contaminated clothes, immediately flush eyes with running water and wash skin with soap and plenty of water. If possible, transport to a Hospital; if not call Emergency Medical Care.							
24 hours Emergency response information number (809) 734-9600				TSDF (809) 854-1090			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.							
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name (ON BEHALF OF) Francisco Gutierrez				Signature <i>Francisco Gutierrez</i>		Month Day Year 10/7/11/6/9/1	
17. Transporter 1 Acknowledgment of Receipt of Materials							
Printed/Typed Name Hector Cepeda				Signature <i>Hector Cepeda</i>		Month Day Year 10/7/11/6/9/1	
18. Transporter 2 Acknowledgment of Receipt of Materials							
Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.							
Printed/Typed Name				Signature		Month Day Year	



Environmental
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COMMONWEALTH OF PUERTO RICO
ENVIRONMENTAL QUALITY BOARD

P.O. Box 11488, Santurce, Puerto Rico 00910

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6

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. PRD98253953091009	Manifest Document No. 1000	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Mannan de P.R. P.O. Box 4020 Juncos, P.R. 00777-4020			62-1600		A. State Manifest Document Number	
4. Generator's Phone (809) 734-9600			P.O. 003596		B. State Generator's ID	
5. Transporter 1 Company Name SAFETY-KLEEN ENVIROSYSTEMS CO. OF P.R.			6. US EPA ID Number PRD090399718		C. State Transporter's ID HW-02	
7. Transporter 2 Company Name			8. US EPA ID Number		D. Transporter's Phone (809) 854-1090	
9. Designated Facility Name and Site Address Safety-Kleen Envirosystems Co. of Puerto Rico, Inc. P.O. Box 31098, Hwy. 2 Km. 51.0 Manatí, Puerto Rico 00701			10. US EPA ID Number PRD090399718		E. State Transporter's ID	
					F. Transporter's Phone	
					G. State Facility's ID	
					H. Facility's Phone (809) 854-1090	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit WT/Vol	1. Waste No.	
a. Hazardous Substance Solid, N.O.S., (Diesel, Oil) ORM-E NA 9189 (NOT an EPA Hazardous Waste)		0090F006A4K			R/A	
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above: a) Contains: Soil Contaminated with diesel and oil BA 40488 Guide #31 For transshipment to Bollinger			K. Handling Codes for Wastes Listed Above TREMIAHOC 30 229Y1 801			
15. Special Handling Instructions and Additional Information Special Handling Instructions and Additional Information. In case of spill: chemical resistant clothing and gloves should be worn, in addition to respirators masks capable of handling organic materials, safety glasses, goggles and any other safety equipment considered necessary to prevent direct contact with the materials included in the drums or tank trucks. In case of individual injuries: rest, remove contaminated clothes, immediately flush eyes with running water and wash skin with soap and plenty of water. If possible, transport to a Hospital; if not call Emergency Medical Care. 24 hours Emergency response information number (809) 734-9600 /TSD (809)854-1090						
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17. Transporter 1 Acknowledgment of Receipt of Materials Printed/Typed Name Hector Capero Signature [Signature] Month Day Year 07/16/91						
18. Transporter 2 Acknowledgment of Receipt of Materials Printed/Typed Name Signature Month Day Year						
On Space						
20. Generator's Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Signature Month Day Year						

"TIER ONE" Y "TIER TWO"

Tier One

**EMERGENCY AND HAZARDOUS
CHEMICAL INVENTORY**

Aggregate Information by Hazard Type

FOR
OFFICIAL
USE
ONLY

01

Date Received

Important: Read instructions before completing form

Reporting Period: From January 1 to December 31, 19

Emergency Contact

Name: Francisco Gutierrez
Title: General Manager
Phone: (809) 734-9600
24 Hour Phone: (809) 734-9600

Name: _____
Title: _____
Phone: _____
24 Hour Phone: _____

Facility Identification

Name: Mennen de Puerto Rico Ltd.
Street Address: Hwy. 31, KM. 24.4 Caiba Ind. Park
City: Juncos State: PR Zip: 00666
SIC Code: 2844 Day & Night Number: 22-110-8370

Owner/Operator

Name: The Mennen Company
Mail Address: Hanover Avenue, Morristown, NJ 07960
Phone: (201) 631-9000

Hazard Type Mes Amount Average Polys Number of Tanks

General Location

☒ Check if site plan is attached

Fire 04 03 365 • Warehouse
• Decorating Dept.
• Storage Tank
• Q.A. Lab / Manufacturing, 2nd Floor

Spill Release of Pressure 02 02 365 • Propane Storage Tank - Outside, West Side of Building

Reactivity 02 02 365 • Boiler Room
• Wastewater Treatment Plant
• Warehouse
• Q.A. Lab / Manufacturing, 2nd Floor

Immediate (Solid) 04 04 365 • Storage Tank / Warehouse
• Boiler Room / Wastewater Treatment Plant
• Q.A. Lab
• Manufacturing / 2nd Floor

Delayed (Liquid) 03 02 365 • Warehouse
• Manufacturing / 2nd Floor

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted to you and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Francisco Gutierrez, General Manager

Name and official title of owner/operator OR owner/operator's authorized representative

[Signature] 9/16/90

Reporting Range	Range Value	Weight Range in Pounds	Weight Range in Pounds
	00	0	0
	01	100	100
	02	1,000	1,000
	03	10,000	10,000
	04	100,000	100,000
	05	1,000,000	1,000,000
	06	10,000,000	10,000,000
	07	100,000,000	100,000,000
	08	1,000,000,000	1,000,000,000
	09	100,000,000	100,000,000

**31 TWO
ERGENCY
D
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Facility Identification

Name Mennen de Puerto Rico Ltd.
Street Address 31 Hwy KM.24.4 Ceiba Ind.Park
City Juncos State PR Zip 00666

SIC Code 2844 Date & Brand Number 22-110-8370

**FOR
OFFICIAL
USE
ONLY**

ID #
Date Received

Owner/Operator Name

Name The Mennen Company Phone (201) 631-9000
Mail Address Hanover Avenue, Morristown, N.J. 07960

Emergency Contact

Name Francisco Gutierrez Title General Manager
Phone (809) 734-9600 24 Hr. Phone (809) 734-9600

Name Title
Phone () 24 Hr. Phone ()

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory			Storage Codes and Locations (Non-Confidential)	
		Max. Daily Amount (code)	Avg. Daily Amount (code)	No. of Days On-site (days)	Storage Code	Storage Locations
<p>S <u>7517433</u> Trade Secret <input type="checkbox"/></p> <p>Chem. Name <u>Methoxy Butanole - 5%</u> <u>of Pad Printing Ink</u> <u>#TP249</u></p> <p>check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas</p>	<p><input checked="" type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input type="checkbox"/> Reactivity</p> <p><input type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	<u>01</u>	<u>01</u>	<u>365</u>	<p><u>F14</u> ● Warehouse</p> <p><u>F16</u> ● Container Decorating Dept.</p>	
<p>S <u>34590948</u> Trade Secret <input type="checkbox"/></p> <p>Chem. Name <u>Dipropylene Glycol</u> <u>Methyl Ether - 5-10% of Pad</u> <u>Printing Ink #TP249</u></p> <p>check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas</p>	<p><input checked="" type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input type="checkbox"/> Reactivity</p> <p><input type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	<u>01</u>	<u>01</u>	<u>365</u>	<p><u>F14</u> ● Warehouse</p> <p><u>F16</u> ● Container Decorating Dept.</p>	
<p>S <u>7397628</u> Trade Secret <input type="checkbox"/></p> <p>Chem. Name <u>Glycol-Acid-n-Butylester</u> <u>5-10% of Pad Printing Ink</u> <u>#TP244</u></p> <p>check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas</p>	<p><input checked="" type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input type="checkbox"/> Reactivity</p> <p><input type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	<u>01</u>	<u>01</u>	<u>365</u>	<p><u>F14</u> ● Warehouse</p> <p><u>F16</u> ● Container Decorating Dept.</p>	

Declaration (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutierrez, General Manager

(Print name)

(Date signed)

Optional Attachments (Check one)

☒ I have attached a site plan
☐ I have attached a list of site hazardous substances

Reporting Period From January 1 to December 31, 19____**Declaration (Read and sign after completing all sections)**

Francisco Gutierrez, General Manager

Francine Sutton

3/16/90

Optional Attachments (Check one)

☒ I have attached a site plan

☐ I have attached a list of site

☐ I have attached a list of site

31 TWO
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D
HAZARDOUS
CHEMICAL
VENTORY

Specific
information
chemical

Facility Identification

Name Mennen de Puerto Rico Ltd.
Street Address 31 Hwy KM.24.4 Ceiba Ind.Park
City Juncos State PR Zip 00666

SIC Code 2844 Div & Prod Number 22-110-8370

FOR
OFFICIAL
USE
ONLY

ID #

Date Received

Owner/Operator Name

Name The Mennen Company Phone (201) 631-9000
Mail Address Hanover Avenue, Morristown, N.J. 07960

Emergency Contact

Name Francisco Gutierrez Title General Manager
Phone (809) 734-9600 24 Hr. Phone (809) 734-9600

Name _____ Title _____
Phone () _____ 24 Hr. Phone () _____

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19__

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory			Storage Codes and Locations (Non-Confidential)	
		Max. Daily Amount (code)	Avg. Daily Amount (code)	No. of Days On-site (days)	Storage Code	Storage Locations
S <u>71556</u> Trade Secret <input type="checkbox"/> com. Name <u>1,1,1-Trichloro-ethane</u> check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>01</u>	<u>00</u>	<u>365</u>	<u>D14</u>	<ul style="list-style-type: none"> Warehouse - Near Part's Cleaning Room for Decorating Department
S <u>64742956</u> Trade Secret <input type="checkbox"/> com. Name <u>Naptha - 45% of Ink Thinner - VD (A)</u> check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>01</u>	<u>01</u>	<u>365</u>	<u>F14</u> <u>F16</u>	<ul style="list-style-type: none"> Warehouse Container Decorating Dept.
S <u>123864</u> Trade Secret <input type="checkbox"/> com. Name <u>Butyl Acetate - 20% of Ink Thinner</u> check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>01</u>	<u>00</u>	<u>365</u>	<u>F14</u> <u>F16</u>	<ul style="list-style-type: none"> Warehouse Container Decorating Dept.

Declaration (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Optional Attachments (Check One)

☒ I have attached a site plan
☐ I have attached a list of sites

37 TWO
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Facility Identification

Name Mennen de Puerto Rico Ltd.
 Street Address 31 Hwy KM.24.4 Ceiba Ind.Park
 City Juncos State PR Zip 00666

SIC Code 2844 Date & Brand 22-1110-8370

FOR
 OFFICIAL
 USE
 ONLY

ID #

Date Received

Owner/Operator Name

Name The Mennen Company Phone (201) 631-9000
 Mail Address Hanover Avenue, Morristown, N.J. 07960

Emergency Contact

Name Francisco Gutierrez Title General Manager
 Phone (809) 734-9600 24 Hr. Phone (809) 734-9600

Name _____ Title _____
 Phone 1 1 24 Hr. Phone 1 1

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19__

Chemical Description

S 1110861 Trade Secret ☐
 com. Name Methyl Alcohol

ick all
 I apply: ☐ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas

Physical and Health Hazards

(check all that apply)

☒ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☒ Immediate (acute)
☐ Delayed (chronic)

Max. Daily Amount (code) 00 Avg. Daily Amount (code) 00 No. of Days On-site (days) 365

Storage Codes and Locations (Non-Confidential)

Storage Code Storage Locations

M16

Quality Assurance (O.A.) Lab - Second Floor

S 1110861 Trade Secret ☐
 com. Name Pyridine - Present in Karl Fischer Reagent

ick all
 I apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas

☒ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☒ Immediate (acute)
☐ Delayed (chronic)

Max. Daily Amount (code) 00 Avg. Daily Amount (code) 00 No. of Days On-site (days) 365

M16

Quality Assurance (O.A.) Lab - Second Floor

S 1110861 Trade Secret ☐
 com. Name _____

ick all
 I apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas

☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute)
☐ Delayed (chronic)

Max. Daily Amount (code) 00 Avg. Daily Amount (code) 00 No. of Days On-site (days) 00

00

ification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutierrez, General Manager

Francisco Gutierrez

3/16/90
 (Date signed)

Optional Attachments (Check one)

☒ I have attached a site plan
☐ I have attached a list of site contributors and activities

Two ERGENCY D ZARDOUS EMICAL ENTORY <small>ific rmation hemical</small>	Facility Identification		Owner/Operator Name	
	Name <u>Mennen de Puerto Rico Ltd.</u>		Name <u>The Mennen Company</u> Phone <u>(201) 631-9000</u>	
	Street Address <u>31 Hwy KM.24.4 Ceiba Ind. Park</u>		Mail Address <u>Hanover Avenue, Morristown, N.J. 07960</u>	
	City <u>Juncos</u> State <u>PR</u> Zip <u>00666</u>			
		Emergency Contact		
EC Code <u>2 8 4 4</u> Dan & Prod Number <u>2 2 1 1 0 8 3 7 0</u>		Name <u>Francisco Gutierrez</u> Title <u>General Manager</u>		
		Phone <u>(809) 734-9600</u> 24 Hr. Phone <u>(809) 734-9600</u>		
FOR OFFICIAL USE ONLY		Name _____ Title _____		
ID # _____ Date Received _____		Phone () _____ 24 Hr. Phone () _____		

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19__

Chemical Description	Physical and Health Hazards	Inventory	Storage Codes and Locations (Non-Confidential)
		Max. Daily Amount (code)	
S <u>6 4 1 9 7</u> Trade Secret <input type="checkbox"/> com. Name <u>Acetic Acid</u> not all I apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Corrosive <input checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Avg. Daily Amount (code) <u>0 0</u> No. of Days On-site (days) <u>3 6 5</u>	Storage Code <u>M 1 6</u> Storage Locations <u>Quality Assurance (Q.A.) Lab - Second Floor</u>
S <u> </u> Trade Secret <input type="checkbox"/> com. Name <u>Perfume Substance</u> <u>No C.A.S.# - Mixture</u> not all I apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Corrosive <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Avg. Daily Amount (code) <u>0 2</u> No. of Days On-site (days) <u>3 6 5</u>	Storage Code <u>D 1 4</u> Storage Locations <u>Warehouse Storage</u> <u>Manufacturing - Second Floor</u>
S <u> </u> Trade Secret <input type="checkbox"/> com. Name _____ not all I apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Corrosive <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Avg. Daily Amount (code) <u> </u> No. of Days On-site (days) <u> </u>	Storage Code <u> </u> Storage Locations _____

Declaration (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutierrez, General Manager

Signature

Date signed

3/16/80

Optional Attachments (Check one)

☒ I have attached a site plan
☐ I have attached a list of site
☐ I have attached a list of site

3r TWO ERGENCY D ZARDOUS EMICAL 'ENTORY <i>ific</i> <i>matien</i> <i>'hemical</i>	Facility Identification		Owner/Operator Name	
	Name <u>Mennen de Puerto Rico Ltd.</u>		Name <u>The Mennen Company</u> Phone <u>(201) 631-9000</u>	
	Street Address <u>31 Hwy KM.24.4 Ceiba Ind. Park</u>		Mail Address <u>Hanover Avenue, Morristown, N.J. 07960</u>	
	City <u>Juncos</u>	State <u>PR</u> Zip <u>00666</u>		
	SIC Code 2 8 4 4 Div & Prod 2 2 1 1 0 8 3 7 0		Emergency Contact	
			Name <u>Francisco Gutierrez</u> Title <u>General Manager</u> Phone <u>(809) 734-9600</u> 24 Hr. Phone <u>(809) 734-9600</u>	
	FOR OFFICIAL USE ONLY		Name _____ Title _____ Phone <u>()</u> 24 Hr. Phone <u>()</u>	

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19

Chemical Description	Physical and Health Hazards <small>(mark all that apply)</small>	Inventory Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-File (days)	Storage Codes and Locations (Non-Confidential) Storage Code Storage Locations															
S <input type="text"/> 6 <input type="text"/> 4 <input type="text"/> 7 <input type="text"/> 4 <input type="text"/> 2 <input type="text"/> 9 <input type="text"/> 4 <input type="text"/> 5 Trade Secret <input type="checkbox"/> am. Name <u>Naptha 100</u> <u>10-15% of Pad Printing Ink #TP 249</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Substn Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 3 <input type="text"/> 6 <input type="text"/> 5	<div style="display: flex;"> <table border="1" style="margin-right: 10px;"> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>6</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <div> <ul style="list-style-type: none"> • Warehouse • Container Decorating Dept. </div> </div>	F	1	4	F	1	6									
F	1	4																
F	1	6																
S <input type="text"/> <input type="text"/> <input type="text"/> 8 <input type="text"/> 2 <input type="text"/> 2 <input type="text"/> 1 <input type="text"/> 6 <input type="text"/> 2 Trade Secret <input type="checkbox"/> com. Name <u>Sodium Stearate</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Substn Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="text"/> 0 <input type="text"/> 3 <input type="text"/> 0 <input type="text"/> 3 <input type="text"/> 3 <input type="text"/> 6 <input type="text"/> 5	<div style="display: flex;"> <table border="1" style="margin-right: 10px;"> <tr><td>J</td><td>1</td><td>4</td></tr> <tr><td>J</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <div> <ul style="list-style-type: none"> • Warehouse • Manufacturing - 2nd Floor </div> </div>	J	1	4	J	1	4									
J	1	4																
J	1	4																
S <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret <input type="checkbox"/> am. Name <u>Irgasan DP 300 Active Ingredient - 5 Chloro-2</u> <u>(2,4 Dichloro Phenoxy) Phenol</u> <u>No C.A.S.# - Mixture</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Substn Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="text"/> 0 <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 3 <input type="text"/> 6 <input type="text"/> 5	<div style="display: flex;"> <table border="1" style="margin-right: 10px;"> <tr><td>I</td><td>1</td><td>4</td></tr> <tr><td>I</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <div> <ul style="list-style-type: none"> • Warehouse • Manufacturing - 2nd Floor </div> </div>	I	1	4	I	1	4									
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Declaration (Read and sign after completing all sections)

penalty under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutierrez, General Manager

Summary

2018 Annual

Optional Attachments (Check one)

X I have attached a site plan
I have attached a site and site
location site drawings

<p>Facility Identification</p> <p>Name <u>Mennen de Puerto Rico Ltd.</u></p> <p>Street Address <u>31 Hwy KM.24.4 Ceiba Ind.Park</u></p> <p>City <u>Juncos</u> State <u>PR</u> Zip <u>00666</u></p> <p>SEC Code <u>2844</u> Date & Brand Number <u>22-110-8370</u></p> <p>FOR OFFICIAL USE ONLY</p> <p>Date Received _____</p>		<p>Owner/Operator Name</p> <p>Name <u>The Mennen Company</u> Phone <u>(201) 631-9000</u></p> <p>Mail Address <u>Hanover Avenue, Morristown, N.J. 07960</u></p> <p>Emergency Contact</p> <p>Name <u>Francisco Gutierrez</u> Title <u>General Manager</u></p> <p>Phone <u>(809) 734-9600</u> 24 Hr. Phone <u>(809) 734-9600</u></p> <p>Name _____ Title _____</p> <p>Phone <u>()</u> 24 Hr. Phone <u>()</u></p>
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Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)	Storage Codes and Locations (Non-Confidential) Storage Code Storage Locations																		
S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 0 8 9 4 1 Trade Secret <input type="checkbox"/> am. Name <u>Cyclohexanone -</u> <u>25% of Ink Thinner</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Irradiation (acute) <input type="checkbox"/> Delayed (chronic)	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/>	<table border="1"> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>6</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> • Warehouse • Container Decorating Dept.	F	1	4	F	1	6												
F	1	4																			
F	1	6																			
S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 0 8 6 5 6 Trade Secret <input type="checkbox"/> am. Name <u>1-Methoxy-2-Propanol-</u> <u>Acetate-10% of Ink</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Irradiation (acute) <input type="checkbox"/> Delayed (chronic)	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/>	<table border="1"> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>6</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> • Warehouse • Container Decorating Dept.	F	1	4	F	1	6												
F	1	4																			
F	1	6																			
S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 2 2 Trade Secret <input type="checkbox"/> am. Name <u>Diacetone Alcohol</u> <u>15-20% of Pad Print-</u> <u>ing Ink & TP249</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Irradiation (acute) <input type="checkbox"/> Delayed (chronic)	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/>	<table border="1"> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>6</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> • Warehouse • Container Decorating Dept.	F	1	4	F	1	6												
F	1	4																			
F	1	6																			

Declaration (Read and sign after completing all sections)

sworn under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutierrez, General Manager

Submitted information is true, accurate
 Francine G. L. H.

Date: 14/10/2024

Optional Attachments (Check one)

☒ I have attached a site plan

☐ I have attached a list of site characteristics

31 TWO
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Facility Identification

Name Mennen de Puerto Rico Ltd.
Street Address 31 Hwy KM.24.4 Ceiba Ind. Park
City Juncos State PR Zip 00666

SIC Code 2844 Don & Brad 22-110-8370

FOR
OFFICIAL
USE
ONLY

ID # _____
Date Received _____

Owner/Operator Name

Name The Mennen Company Phone (201) 631-9000
Mail Address Hanover Avenue, Morristown, N.J. 07960

Emergency Contact

Name Francisco Gutierrez Title General Manager
Phone (809) 734-9600 24 Hr. Phone (809) 734-9600

Name _____ Title _____
Phone () 24 Hr. Phone ()

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 _____

Chemical Description

S 7647 01 Trade Secret
Chem. Name Hydrochloric Acid

ick all
I apply: ☐ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas

Physical and Health Hazards

☐ Fire
☐ Sudden Release of Pressure
☒ Reactivity
☒ Immediate (acute)
☐ Delayed (chronic)

Inventory
Max. Daily Amount (code) 02 Avg. Daily Amount (code) 01 No. of Days On-site (days) 365

Storage Codes and Locations (Non-Confidential)

Storage Code Storage Locations

M 16 014 014 014
Q.A. Lab - 2nd Floor
Boiler Room - 1st Floor

S 67 63 0 Trade Secret
Chem. Name Isopropyl Alcohol

ick all
I apply: ☐ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas

☒ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute)
☐ Delayed (chronic)

Inventory
Max. Daily Amount (code) 01 Avg. Daily Amount (code) 00 No. of Days On-site (days) 365

M 16 014 014 014
Q.A. Lab - 2nd Floor
Warehouse

S 67 64 1 Trade Secret
Chem. Name Acetone

ick all
I apply: ☐ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas

☒ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute)
☐ Delayed (chronic)

Inventory
Max. Daily Amount (code) 00 Avg. Daily Amount (code) 00 No. of Days On-site (days) 365

M 16 014 014 014
Q.A. Lab - 2nd Floor

Declaration (Read and sign after completing all sections)

Certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutierrez, General Manager

Francisco Gutierrez 3/16/80

Optional Attachments (Check one)

☒ I have attached a site plan
☐ I have attached a list of site hazardous materials

OF TWO
EMERGENCY
D
HAZARDOUS
CHEMICAL
IDENTIFICATION

Specific
Information
Required

Facility Identification

Name Mennen de Puerto Rico Ltd.
Street Address 31 Hwy KM.24.4 Ceiba Ind. Park
City Juncos State PR Zip 00666

SC Code 2844 Date & Brand Number 22-110-8370

FOR
OFFICIAL
USE
ONLY

ID #

Date Received

Owner/Operator Name

Name The Mennen Company Phone (201) 631-9000
Mail Address Hanover Avenue, Morristown, N.J. 07960

Emergency Contact

Name Francisco Gutierrez Title General Manager
Phone (809) 734-9600 24 Hr. Phone (809) 734-9600

Name _____ Title _____
Phone () 24 Hr. Phone ()

Instructions: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19__

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory			Storage Codes and Locations (Non-Confidential)	
		Max. Daily Amount (code)	Avg. Daily Amount (code)	No. of Days On-site (days)	Storage Code	Storage Locations
S <u>1310732</u> Trade Name <input type="checkbox"/> Chem. Name <u>Sodium Hydroxide</u> Not all apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Flammable <input checked="" type="checkbox"/> Corrosive <input checked="" type="checkbox"/> Irritant (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u>	<u>01</u>	<u>365</u>	<u>M16</u> <u>G14</u> <u>G14</u>	<u>Q.A. Lab - 2nd Floor</u> <u>Boiler Room - 1st Floor</u> <u>Waste Water Treatment Plant</u>
S <u>108883</u> Trade Name <input type="checkbox"/> Chem. Name <u>Toluene</u> Not all apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Flammable <input type="checkbox"/> Corrosive <input type="checkbox"/> Irritant (acute) <input type="checkbox"/> Delayed (chronic)	<u>00</u>	<u>00</u>	<u>365</u>	<u>F16</u>	<u>Q.A. Lab - 2nd Floor</u>
S <u> </u> Trade Name <input type="checkbox"/> Chem. Name _____ Not all apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive <input type="checkbox"/> Irritant (acute) <input type="checkbox"/> Delayed (chronic)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Declaration (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutierrez, General Manager

Francisco Gutierrez
Signature

3/16/90
Date Signed

Optional Attachments (Check one)

☐ I have attached a site plan
☐ I have attached a list of site substance addresses

37 TWO
EMERGENCY
D
HAZARDOUS
CHEMICAL
WARRANTY

Specific
Information
Required

Facility Identification

Name Mennen de Puerto Rico Ltd.
Street Address 31 Hwy KM.24.4 Ceiba Ind. Park
City Juncos State PR Zip 00666

SEC Code 2844 Don & Street Number 22-110-8370

FOR
OFFICIAL
USE
ONLY

ID # _____
Date Received _____

Owner/Operator Name

Name The Mennen Company Phone (201) 631-9000
Mail Address Hanover Avenue, Morristown, N.J. 07960

Emergency Contact

Name Francisco Gutierrez Title General Manager
Phone (809) 734-9600 24 Hr. Phone (809) 734-9600

Name _____ Title _____
Phone () _____ 24 Hr. Phone () _____

Instructions: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19__

Chemical Description	Physical and Health Hazards	Inventory		Storage Codes and Locations (Non-Confidential)	
		Max. Daily Amount (code)	Avg. Daily Amount (code)	No. of Days On-site (days)	Storage Code
<p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trade Secret <input type="checkbox"/></p> <p>Chem. Name <u>Lubricating/Motor Oil</u> <u>No C.A.S. #</u></p> <p>tick all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas</p>	<p><input checked="" type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input type="checkbox"/> Reactivity</p> <p><input type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	<u>00</u>	<u>00</u>	<u>365</u>	<p><u>M14</u> Mechanic's Storage Area</p>
<p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trade Secret <input type="checkbox"/></p> <p>Chem. Name <u>Chlorine Tablets</u></p> <p>tick all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas</p>	<p><input type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input checked="" type="checkbox"/> Reactivity</p> <p><input type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	<u>00</u>	<u>00</u>	<u>365</u>	<p><u>I14</u> Small Shed at Waste Water Treatment Plant</p>
<p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trade Secret <input type="checkbox"/></p> <p>Chem. Name <u>Sodium Chloride -</u> <u>Water Softener</u></p> <p>tick all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas</p>	<p><input type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input type="checkbox"/> Reactivity</p> <p><input checked="" type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	<u>02</u>	<u>01</u>	<u>365</u>	<p><u>J14</u> Boiler Room</p>

Declaration (Read and sign after completing all sections)

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Francisco Gutierrez, General Manager

Francisco Gutierrez 3/16/90

Optional Attachments (Check on)

☒ I have attached a site plan
☐ I have attached a list of sites

37 TWO
ERGENCY
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ZARDOUS
EMICAL
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Facility Identification

Name Mennen de Puerto Rico Ltd.
Street Address 31 Hwy KM.24.4 Ceiba Ind.Park
City Juncos State PR Zip 00666

EC Code 2844 Don & Strad 22-110-8370

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ID #

Date Received

Owner/Operator Name

Name The Mennen Company Phone (201) 631-9000
Mail Address Hanover Avenue, Morristown, N.J. 07960

Emergency Contact

Name Francisco Gutierrez Title General Manager
Phone (809) 734-9600 24 Hr. Phone (809) 734-9600

Name _____ Title _____
Phone () 24 Hr. Phone ()

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 10

Chemical Description	Physical and Health Hazards	Inventory		Storage Codes and Locations (Non-Confidential)	
		Max. Daily Amount (code)	Avg. Daily Amount (code)	No. of Days On-site (days)	Storage Code
S <u>7697439</u> Trade Secret <input type="checkbox"/> com. Name <u>Nitric Acid</u> not all apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Corrosive Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>00</u>	<u>00</u>	<u>365</u>	M16 Q.A. Lab - 2nd Floor G14 G14
S <u>7664939</u> Trade Secret <input type="checkbox"/> com. Name <u>Sulfuric Acid</u> not all apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Corrosive Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>01</u>	<u>01</u>	<u>365</u>	M16 Q.A. Lab - 2nd Floor G14 Boiler Room - 1st Floor G14 Waste Treatment Plant
S <u>64175</u> Trade Secret <input type="checkbox"/> com. Name <u>Ethyl Alcohol - Denatured</u> not all apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Corrosive Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>01</u>	<u>01</u>	<u>365</u>	F16 Q.A. Lab - 2nd Floor F16 Decorating Dept. - 1st Floor

Declaration (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutierrez, General Manager

Francisco Gutierrez

3/16/90

Optional Attachments (Check one)

☒ I have attached a site plan
☐ I have attached a list of site locations with descriptions

Tier One

EMERGENCY AND HAZARDOUS
CHEMICAL INVENTORY

Aggregate Information by Hazard Type

FOR
OFFICIAL
USE
ONLY

01

Date Received

Important: Read instructions before completing form

Reporting Period From January 1 to December 31 19

Facility Identification

Name Mennen de Puerto Rico Ltd.
Street Address Hwy. 31 KM 24.4 Ceiba Ind. Park
City Juncos State PR Zip 00666
EPA ID 00000000000000000000000000000000
EPA ID 00000000000000000000000000000000

Owner/Operator

Name The Mennen Company
Mail Address Hanover Avenue : Morristown, NJ 07960
Phone 201, 631-9000

Emergency Contacts

Name Francisco Gutierrez
Title General Manager
Phone 1 809 1 734-9600
24 Hour Phone 1 809 1 731-6370

Name _____
Title _____
Phone () _____
24 Hour Phone () _____

Physical Hazards

Hazard Type Max Amount Average Daily Amount Number of Days On-Site

General Location

☐ Check if site plan is attached

Fire 0 4 0 3 3 6 5

Q.A. Lab./Storage tank/Decorating Dept./ Warehouse/
Mechanics Storage area/Manufacturing - 2nd Floor

Sudden Release of Pressure 0 2 0 1 3 6 5

Propane storage tank - Outside West Side of Building

Reactivity 0 3 0 2 3 6 5

Boiler Room/Warehouse/Mechanics storage area/Q.A. Lab./
Manufacturing - 2nd Floor

Health Hazards

Immediate (acute) 0 4 0 3 3 6 5

Q.A. Lab./Boiler Room/Warehouse/Storage tank/Mechanics
Storage Area

Delayed (Chronic) 0 3 0 3 3 6 5

Warehouse/Manufacturing - 2nd Floor/Mechanics Storage
Area

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Francisco Gutierrez, General Manager

Name and official title of owner/operator OR owner/operator's authorized representative

Francisco Gutierrez

Date signed

3/4/91

Reporting Ranges	Range Value	Weight Range In Pounds From... To...
	00	0 99
	01	100 999
	02	1000 9,999
	03	10,000 99,999
	04	100,000 999,999
	05	1,000,000 9,999,999
	06	10,000,000 49,999,999
	07	50,000,000 99,999,999
	08	100,000,000 499,999,999
	09	500,000,000 999,999,999
	10	1 billion higher than 1 billion

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Facility Identification

Name Mennen de Puerto Rico Ltd.
 Street Address 31 Hwy. KM 24.4, Ceiba Ind. Park
 City Juncos State PR Zip 00666
 SIC Code 2844 Dun & Brad Number 22-110-8370
 FOR OFFICIAL USE ONLY
 ID #
 Date Received

Owner/Operator Name

Name The Mennen Company Phone (201) 631-9000
 Mail Address Hanover Ave., Morristown, NJ 07960
 Emergency Contact
 Name Francisco Gutierrez Title General Manager
 Phone (809) 734-9600 24 Hr. Phone (809) 734-9600
 Name Title
 Phone 24 Hr. Phone

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 90

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)	Storage Codes and Locations (Non-Confidential) Storage Code Storage Locations
s <u>7517433</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Methoxybutanole</u> <u>Present in Pad Printing Ink</u> <u>#TP-249</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u> <u>02</u> <u>365</u>	<u>F14</u> Warehouse <u>F16</u> Container Decorating Dept.
s <u>7397628</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Glycol-Acid-N-Butylester</u> <u>Present in Pad Printing Ink</u> <u>#TP-249</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u> <u>02</u> <u>365</u>	<u>F14</u> Warehouse <u>F16</u> Container Decorating Dept.
s <u>74986</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Propane</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u> <u>01</u> <u>365</u>	<u>A14</u> Outside Storage Tank near Boiler Room

Declaration (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutierrez, General Manager

(Print and official title of owner/operator OR owner/operator's authorized representative)

Signature Francisco Gutierrez
 Date signed 3/4/91

Optional Attachments (Check one)

☐ I have attached a site plan
☐ I have attached a list of site coordinate data

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Facility Identification

Name Mennen de Puerto Rico Ltd.
Street Address 31 Hwy. KM 24.4, Ceiba Ind. Park
City Juncos State PR Zip 00666

SIC Code 2844 Dun & Brad Number 22-1110-8370

FOR OFFICIAL USE ONLY: ID #
Date Received

Owner/Operator Name

Name The Mennen Company Phone (201) 631-9000
Mail Address Hanover Ave., Morristown, NJ 07960

Emergency Contact

Name Francisco Gutierrez Title General Manager
Phone (809) 734-9600 24 Hr. Phone (809) 734-9600

Name Title
Phone () 24 Hr. Phone ()

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 90

Chemical Description

Trade Secret ☐
Chem. Name Sodium Stearate

Check all that apply: ☐ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas

Trade Secret ☐
Chem. Name 1,1,1 - Trichloro - ethane

Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas

Trade Secret ☐
Chem. Name Irgasan DP 300
Active Ing. 5-Chloro 2(2,4 Dichloro Phenoxy) Phenol No. C.A.S. #Mixture

Check all that apply: ☐ Pure ☐ Mix ☒ Solid ☐ Liquid ☐ Gas

Physical and Health Hazards

(check all that apply)

☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute)
☒ Delayed (chronic)

☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute)
☒ Delayed (chronic)

☐ Fire
☐ Sudden Release of Pressure
☒ Reactivity
☒ Immediate (acute)
☐ Delayed (chronic)

Inventory

Max. Daily Amount (code) 03 Avg. Daily Amount (code) 03 No. of Days On-site (days) 365

02 01

02 01 365

Storage Codes and Locations (Non-Confidential)

Storage Code Storage Locations

J14 Warehouse
J14 Manufacturing 2nd. Floor

D14 Warehouse - near parts cleaning room

I14 Warehouse
I14 Manufacturing 2nd. Floor

Utilization (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutierrez - General Manager

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Francisco Gutierrez

Date signed

3/4/91

Optional Attachments (Check)

☐ I have attached a site plan
☐ I have attached a list of site coordinate specifications

or TWO
ERGENCY
DANGEROUS
CHEMICAL
Hazardous
Inventory

Specific
Information
Chemical

Facility Identification

Name Mennen de Puerto Rico Ltd.
Street Address 31 Hwy. KM 24.4, Ceiba Ind. Park
City Juncos State PR Zip 00666

SIC Code 2844 Dun & Brad Number 22-1110-8370

FOR
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ONLY

ID #

Date Received

Owner/Operator Name

Name The Mennen Company Phone (201) 631-9000
Mall Address Hanover Ave., Morristown, NJ 07960

Emergency Contact

Name Francisco Gutierrez Title General Manager
Phone (809) 734-9600 24 Hr. Phone (809) 734-9600

Name _____ Title _____
Phone () 24 Hr. Phone ()

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 90

Chemical Description

Physical and Health Hazards

(check all that apply)

Inventory
Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)

Storage Codes and Locations (Non-Confidential)

Storage Code Storage Locations

S 67561 Trade Secret ☐

Chem. Name Methanol

Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas

☒ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☒ Immediate (acute)
☐ Delayed (chronic)

01 00 365

F16

Quality Assurance (Q.A.) Lab.
Second Floor

S 110861 Trade Secret ☐

Chem. Name Pyridine - Present in Karl Fischer Reagent

Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas

☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☒ Immediate (acute)
☐ Delayed (chronic)

00 00 365

M16

Quality Assurance (Q.A.) Lab.
Second Floor

S 64175 Trade Secret ☐

Chem. Name Ethyl Alcohol

Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas

☒ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute)
☐ Delayed (chronic)

01 00 365

F16
F16

Q.A. Lab. - 2nd Floor
Decorating Dept. - 1st Floor

Declaration (Read and sign after completing all sections)

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Francisco Gutierrez, General Manager

Print and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

Optional Attachments (Check one)

☐ I have attached a site plan
☐ I have attached a list of site community subdivisions

3/1/91

Section TWO HAZARDOUS CHEMICAL Inventory Identification Chemical	Facility Identification Name <u>Mennen de Puerto Rico Ltd.</u> Street Address <u>31 Hwy. KM 24.4, Ceiba Ind. Park</u> City <u>Juncos</u> State <u>PR</u> Zip <u>00666</u> SIC Code <u>2844</u> Dun & Brad Number <u>22-1110-8370</u>		Owner/Operator Name Name <u>The Mennen Company</u> Phone <u>(201) 631-9000</u> Mail Address <u>Hanover Ave., Morristown, NJ 07960</u>	
	FOR OFFICIAL USE ONLY: ID # _____ Date Received _____		Emergency Contact Name <u>Francisco Gutierrez</u> Title <u>General Manager</u> Phone <u>(809) 734-9600</u> 24 Hr. Phone <u>(809) 734-9600</u>	
			Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____	

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 90

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)	Storage Codes and Locations (Non-Confidential) Storage Code Storage Locations
s <u> </u> Trade Secret <input checked="" type="checkbox"/> Chem. Name <u>Ethers Present in Perfume</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>02</u> <u>02</u> <u>365</u>	<u>D14</u> Warehouse <u>D14</u> Manufacturing - 2nd. Floor
s <u> 108941 </u> Trade Secret <input type="checkbox"/> Chem. Name <u>Cyclohexanone Present in Thinner UD (A)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>01</u> <u>00</u> <u>365</u>	<u>F14</u> Warehouse <u>F16</u> Container Decorating Dept.
s <u> 123422 </u> Trade Secret <input type="checkbox"/> Chem. Name <u>Diacetone Alcohol Present in Pad Printing Ink #TP-249</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u> <u>01</u> <u>365</u>	<u>F14</u> Warehouse <u>F16</u> Container Decorating Dept.

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutierrez, General Manager

Signature

Date signed

3/4/91

Optional Attachments (Check)


I have attached a site plan
I have attached a list of site coordinate abbreviations

Section Two HAZARDOUS CHEMICAL Inventory <i>Information</i> <i>Chemical</i>	Facility Identification Name <u>Mennen de Puerto Rico Ltd.</u> Street Address <u>31 Hwy. KM 24.4. Ceiba Ind. Park</u> City <u>Juncos</u> State <u>PR</u> Zip <u>00666</u> SIC Code <u>2844</u> Dun & Brad Number <u>22-1110-8370</u>		Owner/Operator Name Name <u>The Mennen Company</u> Phone <u>(201) 631-9000</u> Mail Address <u>Hanover Ave., Morristown, NJ 07960</u>	
	FOR OFFICIAL USE ONLY ID # <u> </u> Date Received <u> </u>		Emergency Contact Name <u>Francisco Gutierrez</u> Title <u>General Manager</u> Phone <u>(809) 734-9600</u> 24 Hr. Phone <u>(809) 734-9600</u> Name <u> </u> Title <u> </u> Phone <u>()</u> 24 Hr. Phone <u>()</u>	

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 90

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)	Storage Codes and Locations (Non-Confidential) Storage Code Storage Locations																		
S <u>123864</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Butyl acetate - 20%</u> <u>of ink thinner</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>0100365</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>6</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <u>Warehouse</u> <u>Container Decorating Dept</u>	F	1	4	F	1	6												
F	1	4																			
F	1	6																			
S <u>64742956</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Naptha-45% of ink</u> <u>Thinner - UD (A)</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>0100365</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>6</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <u>Warehouse</u> <u>Container Decorating Room</u>	F	1	4	F	1	6												
F	1	4																			
F	1	6																			
S <u> </u> Trade Secret <input type="checkbox"/> Chem. Name <u> </u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u> </u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																		

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutierrez, General Manager

Print and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

3/4/91

Optional Attachments (Check one)

☐

I have attached a site plan

☐

I have attached a list of site coordinate submissions

Section Two HAZARDOUS CHEMICAL Inventory Information Chemical	Facility Identification Name <u>Mennen de Puerto Rico Ltd.</u> Street Address <u>31 Hwy. KM 24.4, Ceiba Ind. Park</u> City <u>Juncos</u> State <u>PR</u> Zip <u>00666</u> SIC Code <u>2844</u> Dun & Brad Number <u>22-1110-8370</u>		Owner/Operator Name Name <u>The Mennen Company</u> Phone <u>(201) 631-9000</u> Mail Address <u>Hanover Ave., Morristown, NJ 07960</u>	
	Emergency Contact Name <u>Francisco Gutierrez</u> Title <u>General Manager</u> Phone <u>(809) 734-9600</u> 24 Hr. Phone <u>(809) 734-9600</u>			
	FOR OFFICIAL USE ONLY <input type="checkbox"/> <u> </u> Date Received <u> </u>		Name <u> </u> Title <u> </u> Phone <u> </u> 24 Hr. Phone <u> </u>	

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 90

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)	Storage Codes and Locations (Non-Confidential) Storage Code Storage Locations
S <u> </u> <u>7647</u> <u>010</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Hydrochloric Acid</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>00</u> <u>00</u> <u>365</u>	M <u>16</u> <u>G14</u> <u>Q.A. Lab. - Second Floor</u> <u>Boiler Room - First Floor</u>
S <u> </u> <u>34590</u> <u>940</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Di-propylene Glycol</u> <u>Methyl ether of pad</u> <u>printing ink.</u> <u>S-10% #TP249</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>01</u> <u>01</u> <u>365</u>	F <u>14</u> <u>F16</u> <u>Warehouse</u> <u>Container Decorating Dept.</u>
S <u> </u> <u>1310</u> <u>732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Sodium Hydroxide 50%</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>01</u> <u>00</u> <u>365</u>	G <u>14</u> <u>Boiler Room - First Floor</u>

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutierrez, General Manager

Print and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

3/4/91

Optional Attachments (Check all that apply)



I have attached a site plan

I have attached a list of site coordinate submissions

Section TWO
 HAZARDOUS
 CHEMICAL
 REPORT

Information
 Chemical

Facility Identification

Name Mennen de Puerto Rico, Ltd.
 Street Address 31 Hwy KM 24.4 Ceiba Ind. Park
 City Juncos State PR Zip 00666

SIC Code 2844 Dun & Brad Number 22-110-8370

FOR
 OFFICIAL
 USE
 ONLY

ID #

Date Received

Owner/Operator Name

Name The Mennen Company Phone (201) 631-9000
 Mail Address Hanover Ave., Morristown, NJ 07960

Emergency Contact

Name Francisco Gutiérrez Title General Manager
 Phone (809) 734-9600 24 Hr. Phone (809) 734-9600

Name _____ Title _____
 Phone () 24 Hr. Phone ()

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 90

Chemical Description

Section 1310 732 Trade Secret ☐
 Chemical Name Sodium Hydroxide 4.5%
Present in Boiler Chemical
treatment

Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas

Physical and Health Hazards

(check all that apply)

☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☒ Immediate (acute)
☐ Delayed (chronic)

Inventory
 Max. Daily Amount (code) 00 Avg. Daily Amount (code) 00 No. of Days On-site (days) 365

Storage Codes and Locations (Non-Confidential)

Storage Code Storage Locations

E14 Mechanics Storage Area

Section 1310 732 Trade Secret ☒
 Chemical Name Foam Fighter
No CAS

Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas

☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☒ Immediate (acute)
☐ Delayed (chronic)

Inventory
 Max. Daily Amount (code) 01 Avg. Daily Amount (code) 00 No. of Days On-site (days) 365

E14 Mechanics Storage Area

Section 1310 732 Trade Secret ☒
 Chemical Name Boiler Descaler
No CAS

Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas

☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☒ Immediate (acute)
☐ Delayed (chronic)

Inventory
 Max. Daily Amount (code) 01 Avg. Daily Amount (code) 00 No. of Days On-site (days) 365

E14 Boiler Room - First Floor

Declaration (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutiérrez, General Manager

Francisco Gutiérrez
 Signature

3/4/91
 Date signed

Optional Attachments (Check)

☐ I have attached a site map
☐ I have attached a list of coordinate subdivisions

OF TWO
EMERGENCY
DANGEROUS
CHEMICAL
IDENTIFICATION

Chemical
Identification

Facility Identification

Name Mennen de Puerto Rico, Ltd.
Street Address 31 Hwy KM 24.4, Ceiba Ind. Park
City Juncos State PR Zip 00666

SIC Code 2844 Dun & Brad Number 22-110-8370

FOR OFFICIAL USE ONLY
ID #
Date Received

Owner/Operator Name

9 of 14

Name The Mennen Company Phone (201) 631-9000
Mail Address Hanover Ave., Morristown, NJ 07960

Emergency Contact

Name Francisco Gutiérrez Title General Manager
Phone (809) 734-9600 24 Hr. Phone (809) 734-9600
Name Title
Phone 24 Hr. Phone

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 90

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)	Storage Codes and Locations (Non-Confidential) Storage Code Storage Locations
S <u> </u> Trade Secret <input type="checkbox"/> Chem. Name <u>Lubricating/motor oil</u> <u>No CAS #</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>00</u> <u>00</u> <u>365</u>	<u>E14</u> <u>Mechanics storage area</u> <u> </u> <u> </u> <u> </u> <u> </u>
S <u> </u> Trade Secret <input type="checkbox"/> Chem. Name <u>Aliphatic, petroleum</u> <u>distillates 97-100% in</u> <u>S/S Cleaner</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>00</u> <u>00</u> <u>365</u>	<u>F14</u> <u>Mechanics storage area</u> <u> </u> <u> </u> <u> </u> <u> </u>
S <u> </u> Trade Secret <input type="checkbox"/> Chem. Name <u>Acetone</u> <u> </u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>00</u> <u>00</u> <u>365</u>	<u>F16</u> <u>O.A. Lab - 2nd Floor</u> <u> </u> <u> </u> <u> </u> <u> </u>

Identification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutiérrez, General Manager

Official title of owner/operator, C.O. owner/operator's authorized representative

Signature

Francisco Gutiérrez

Date (month)

3/4/91

Optional Attachments (if any)

☐ I have attached a site map
☐ I have attached a list of hazardous substances

37 TWO
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Facility Identification

Name Mennen de Puerto Rico, Ltd.
Street Address 31 Hwy KM 24.4, Ceiba Ind. Park
City Juncos State PR Zip 00666

SIC Code 2844 Dun & Brad Number 22-1110-8370

FOR
OFFICIAL
USE
ONLY

ID #

Date Received

Owner/Operator Name

Name The Mennen Company Phone (201) 631-9000
Mail Address Hanover Ave., Morristown, NJ 07960

Emergency Contact

Name Francisco Gutiérrez Title General Manager
Phone (809) 734-9600 24 Hr. Phone (809) 734-9600

Name _____ Title _____
Phone () _____ 24 Hr. Phone () _____

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 90

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory			Storage Codes and Locations (Non-Confidential)	
		Max. Daily Amount (code)	Avg. Daily Amount (code)	No. of Days On-site (days)	Storage Code	Storage Locations
<p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trade Secret <input checked="" type="checkbox"/></p> <p>Chem. Name <u>Supra Wash Degreaser</u> <u>No CAS #</u></p> <p>Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas</p>	<p><input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)</p>	<p><u>01</u> <u>00</u> <u>365</u></p>			<p><u>E 1 4</u> <u>Mechanics Storage area</u></p>	
<p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trade Secret <input type="checkbox"/></p> <p>Chem. Name <u>Coagulant present in</u> <u>Polymer 1195 No CAS #</u></p> <p>Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas</p>	<p><input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)</p>	<p><u>00</u> <u>00</u> <u>365</u></p>			<p><u>D 1 4</u> <u>Mechanics Storage area</u></p>	
<p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trade Secret <input type="checkbox"/></p> <p>Chem. Name <u>Fuel Oil #2</u> <u>No CAS #</u></p> <p>Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas</p>	<p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)</p>	<p><u>03</u> <u>03</u> <u>365</u></p>			<p><u>A 1 4</u> <u>Outside storage tank near Boiler Room</u></p>	

Utilization (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutiérrez, General Manager

(Official title of owner/operator OR authorized representative)

Signature

Francisco Gutiérrez

Date signed

3/4/91

Optional Attachments (Check)

☐ I have attached a site plan
☐ I have attached a list of site emergency addresses

**☒ TWO
EMERGENCY
DANGEROUS
CHEMICAL
Hazardous
Inventory**

**☒
Hazardous
Inventory**

Facility Identification

Name Mennen de Puerto Rico, Ltd.
Street Address 31 Hwy KM 24.4, Ceiba Ind. Park
City Juncos State PR Zip 00666

SIC Code 2844 Dun & Brad Number 22-110-8370

FOR
OFFICIAL
USE
ONLY

ID #

Date Received

Owner/Operator Name

11 of 14

Name The Mennen Company Phone (201) 631-9000
Mail Address Hanover Ave., Morristown, NJ 07960

Emergency Contact

Name Francisco Gutiérrez Title General Manager
Phone (809) 734-9600 24 Hr. Phone (809) 734-9600

Name _____ Title _____
Phone () _____ 24 Hr. Phone () _____

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 90

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory			Storage Codes and Locations (Non-Confidential)	
		Max. Daily Amount (code)	Avg. Daily Amount (code)	No. of Days On-site (days)	Storage Code	Storage Locations
S <u>108656</u> Trade Secret <input type="checkbox"/> cm. Name <u>1-Methoxy 2-Propanol-acetate-10% of ink</u> It all apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>01</u>	<u>01</u>	<u>365</u>	<u>F14</u>	<u>Warehouse</u>
S <u>108656</u> Trade Secret <input type="checkbox"/> cm. Name <u>Diethylene glycol Monethyl ether present in pro-shine floor cleaner</u> It all apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>01</u>	<u>00</u>	<u>365</u>	<u>E14</u>	<u>Mechanics storage area</u>
S <u>108656</u> Trade Secret <input checked="" type="checkbox"/> cm. Name <u>Spartan sealer on base by Fairbanks</u> It all apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>01</u>	<u>00</u>	<u>365</u>	<u>E14</u>	<u>Mechanics storage area</u>

ification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutiérrez, General Manager

Official title of owner/operator OR immediate/supervisor's authorized representative

Signature

Date signed

Optional Attachments (Use)



I have attached a site map

I have attached a list of

hazardous materials

3R TWO
 ERGENCY
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Facility Identification

Name Mennen de Puerto Rico Ltd.
 Street Address 31 Hwy. KM 24.4. Ceiba Ind. Park
 City Juncos State PR Zip 00666

SIC Code 2844 Dun & Brad Number 22-1110-8370

FOR
 OFFICIAL
 USE
 ONLY

08

Date Received

Owner/Operator Name

Name The Mennen Company Phone (201) 631-9000
 Mail Address Hanover Ave., Morristown, NJ 07960

Emergency Contact

Name Francisco Gutierrez Title General Manager
 Phone (809) 734-9600 24 Hr. Phone (809) 734-9600

Name _____ Title _____
 Phone () _____ 24 Hr. Phone () _____

Reporting Period From January 1 to December 31, 19__

Important: Read all instructions before completing form

Chemical Description

S 111762 Trade Secret ☐
 Chem. Name 2-Butoxyethanol
present in rinse strip

Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas

S 84742 Trade Secret ☐
 Chem. Name Dibutyl phthalate
present in On-Base,
Terr Glase

Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas

S 7782505 Trade Secret ☐
 Chem. Name Chlorine tablets

Check all that apply: ☐ Pure ☐ Mix ☒ Solid ☐ Liquid ☐ Gas

Physical and Health Hazards

(check all that apply)

☐ Fire
☐ Sudden Release of Pressure
☒ Reactivity
☐ Immediate (acute)
☐ Delayed (chronic)

☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute)
☒ Delayed (chronic)

☐ Fire
☐ Sudden Release of Pressure
☒ Reactivity
☐ Immediate (acute)
☐ Delayed (chronic)

Inventory
 Max. Daily Amount (code) 01 Avg. Daily Amount (code) 00 No. of Days On-site (days) 365

00 00 365

01 00 365

Storage Codes and Locations (Non-Confidential)

Storage Code Storage Locations

E14 Mechanics Storage area

E14 Mechanics storage area

114 Mechanics storage area

Declaration (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutierrez, General Manager

Signature and official title of owner/operator or authorized representative

Signature

Date signed

Optional Attachments (Check)

☐ I have attached a site map
☐ I have attached a list of coordinate addresses

Section TWO EMERGENCY HAZARDOUS CHEMICAL VENTORY Information Chemical	Facility Identification Name <u>Mennen de Puerto Rico Ltd.</u> Street Address <u>31 Hwy. KM 24.4. Ceiba Ind. Park</u> City <u>Juncos</u> State <u>PR</u> Zip <u>00666</u> SIC Code <u>2844</u> Dun & Brad Number <u>22110-8370</u> FOR OFFICIAL USE ONLY: ID # _____ Date Received _____		Owner/Operator Name Name <u>The Mennen Company</u> Phone <u>(201) 631-9000</u> Mail Address <u>Hanover Ave., Morristown, NJ 07960</u>	
	Emergency Contact Name <u>Francisco Gutierrez</u> Title <u>General Manager</u> Phone <u>(809) 734-9600</u> 24 Hr. Phone <u>(809) 734-9600</u>		Name _____ Title _____ Phone () 24 Hr. Phone ()	
	Name _____ Title _____ Phone () 24 Hr. Phone ()		Name _____ Title _____ Phone () 24 Hr. Phone ()	
	Name _____ Title _____ Phone () 24 Hr. Phone ()		Name _____ Title _____ Phone () 24 Hr. Phone ()	

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 90

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)	Storage Codes and Locations (Non-Confidential) Storage Code Storage Locations
S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trade Secret <input checked="" type="checkbox"/> Chem. Name <u>Aliphatic Petroleum distillates in tornado plus</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>0000365</u>	E 1 4 <u>Mechanics storage area</u> _____ _____ _____ _____
S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trade Secret <input type="checkbox"/> Chem. Name <u>Deithlene Glycol monoethyl ether present in super spray buff</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>0000365</u>	N 1 4 <u>Mechanics storage area</u> _____ _____ _____ _____
S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trade Secret <input type="checkbox"/> Chem. Name <u>Kerosene present in Mister Zero</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>0000365</u>	E 1 4 <u>Mechanics storage area</u> _____ _____ _____ _____

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutierrez, General Manager

Print and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

Optional Attachments (Check)

☐ I have attached a site plan.
☐ I have attached a list of site coordinate designations.

OF TWO
EMERGENCY
D
HAZARDOUS
CHEMICAL
INVENTORY

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ation
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Facility Identification

Name Mennen de Puerto Rico, Ltd.
Street Address 31 Hwy KM 24.4, Ceiba Ind. Park
City Juncos State PR Zip 00666

SIC Code 2844 Dun & Brad Number 22-110-8370

FOR
OFFICIAL
USE
ONLY

ID #

Date Received

Owner/Operator Name

Name The Mennen Company Phone (201) 631-9000
Mail Address Hanover Ave., Morristown, NJ 07960

Emergency Contact

Name Francisco Gutiérrez Title General Manager
Phone (809) 734-9600 24 Hr. Phone (809) 734-9600

Name _____ Title _____
Phone () 24 Hr. Phone ()

Reporting Period From January 1 to December 31, 1990

Important: Read all instructions before completing form

Chemical Description

Physical and Health Hazards

(check all that apply)

Inventory
Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)

Storage Codes and Locations (Non-Confidential)

Storage Code Storage Locations

Trade Secret ☒
Chem. Name Day bright finish from Menaco
No CAS-Non Hazardous

Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas

☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☒ Immediate (acute)
☐ Delayed (chronic)

00 00 365

E 1 4

Mechanics Storage area

Trade Secret ☐
Chem. Name Isopropyl alcohol, 2-Butoxy ethanol present in Menaco window cleaner

Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas

☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☒ Immediate (acute)
☐ Delayed (chronic)

00 00 365

N 1 4

Mechanics storage area

Trade Secret ☐
Chem. Name Propylene glycol

Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas

☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☒ Immediate (acute)
☐ Delayed (chronic)

04 03 365

A 1 4

Outside storage tank near boiler room

Declaration (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutiérrez, General Manager

Optional Attachments

☐ I have attached a site map
☐ I have attached a list of hazardous materials

Date signed

3/4/91



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY

8/11/88

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PR0982939538

INSTALLATION ADDRESS

MENNER DE PUERTO RICO LTD.
PO BOX 4020
JUNCOS

PR 00666

31 HWY KM 244 CEIBA IND PARK
JUNCOS

PR 00666

EXHIBIT E

MENNEN De Puerto Rico Ltd

March 16, 1992

Mr. Genaro Torres
Head of Environmental Emergencies
SARA Program
P.O. Box 11488
Santurce, P.R. 00909

Dear Mr. Torres,

I enclose the "Tier 1" and "Tier 2" forms for Mennen de Puerto Rico Ltd. A copy of these documents will be sent to Mr. Angel Gabriel Rodríguez, Zone 8 President.

It is a great pleasure to be able to participate in such an important program.

If you have any questions, please contact me personally.

I remain yours,

Sincerely,

[signature]

Francisco Gutiérrez
General Manager

Enclosure

Cc: Mr. Angel G. Rodríguez
Mr. F. Dux – Mennen

FG/mgm

<small>[icon] SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in [the] "RETURN TO" Space on the reverse side. Failure [to do] this will prevent [the] card from being [returned] to you. <u>The return receipt fee will provide you the [name] of the person [delivered] to and the date of delivery.</u> For additional fees, the following services are available. Consult [postmaster] for fees and check box(es) for additional service(s) requested. 1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery <i>(Extra charge)</i></small>	
3. Article addressed to: MR. ANGEL G. RODRIGUEZ ZONE 8 PRES. P.O. BOX 11 GOVERNMENT CENTER HUMACAO, P.R. 00661	4. Article Number P 742 327 635
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express mail <input type="checkbox"/> Return Receipt for Merchandise
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Address X	8. Addressee's Address <i>(ONLY if requested and fee paid)</i>
6. Signature – Agent X <u>[signature]</u>	
7. Date of Delivery [handwritten:] <i>03/19/1992</i>	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT [text cut off]

P.O. BOX [4020] JUNCOS, PUERTO RICO 00666-4020

16 de marzo de 1992

Sr. Genaro Torres
Jefe de Emergencias Ambientales
Programa de SARA
Apartado 11488
Santurce, P.R. 00909

Estimado Sr. Torres:

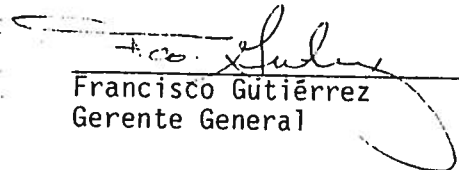
Adjunto formas "Tier 1" y "Tier 2" de Mennen de Puerto Rico Ltd. Copia de estos documentos serán enviados al Sr. Angel Gabriel Rodríguez, Presidente Zona 8.

Es de gran satisfacción el poder participar en tan importante programa.

De tener algún comentario, favor de comunicarse con mi persona.

Queda de usted,

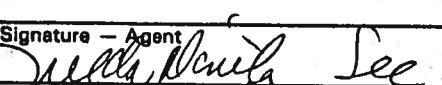
Atentamente,


Francisco Gutiérrez
Gerente General

Anexo

xc: Sr. Angel G. Rodríguez
Mr. F. Dux - Mennen

FG/mgm

<p>● SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in "RETURN TO" Space on the reverse side. Failure to do this will prevent the card from being returned to you. The return receipt fee will provide you the name of the person delivering to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. (Extra charge) 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
<p>3. Article Addressed to:</p> <p>SR. ANGEL G. RODRIGUEZ PRES. ZONA 8 APARTADO 11 CENTRO GUBERNAMENTAL HUMACAO, P.R. 00661</p>	<p>4. Article Number</p> <p>P 742 327 635</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature — Address</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p>X </p>	
<p>7. Date of Delivery</p> <p>3-19-92</p>	

PS Form 3811, Mar. 1988

* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

Tier One

EMERGENCY AND HAZARDOUS
CHEMICAL INVENTORY
Aggregate Information by Hazard TypeFOR
OFFICIAL
USE
ONLY

ID #

Date Received

Important: Read instructions before completing form

Reporting Period From January 1 to December 31, 19__

Facility Identification

Name Mennen de Puerto Rico Ltd.
 Street Address Hwy. 31 Km 24.4 Ceiba Norte Ind. Park
 City Juncos, State PR Zip 00777
 SIC Code 2844 Dun & Brad Number 22-110-8370

Owner/Operator

Name The Mennen Company
 Mail Address Hanover Avenue Morristown, NJ 07960
 Phone (201) 631-9000

Emergency Contacts

Name Francisco Gutierrez
 Title General Manager
 Phone (809) 734-9600
 24 Hour Phone (809) 731-6370

Name Calixto J. Bravo
 Title Plant Engineer
 Phone (809) 734-9600
 24 Hour Phone (809) 793-8585 Unidad 123 9011

Physical Hazards

☐ Check if site plan is attached

Hazard Type	Max Amount	Average Daily Amount	Number of Days On-Site	General Location
Fire	<u>04</u>	<u>03</u>	<u>365</u>	<u>Storage tank/decorating dept./warehouse/mechanics storage/manufacturing 2nd floor</u>
Sudden Release of Pressure	<u>02</u>	<u>01</u>	<u>365</u>	<u>Propane storage tank/outside building</u>
Reactivity	<u>02</u>	<u>01</u>	<u>365</u>	<u>Warehouse/manufacturing 2nd floor/waste treatment plant/boiler room</u>

Health Hazards

Hazard Type	Max Amount	Average Daily Amount	Number of Days On-Site	General Location
Immediate (acute)	<u>04</u>	<u>03</u>	<u>365</u>	<u>Outside storage tank/warehouse/mechanics storage/Boiler room/Quality lab.</u>
Delayed (Chronic)	<u>03</u>	<u>02</u>	<u>365</u>	<u>Warehouse/manufacturing/Parts cleaning mechanics area/Mechanics storage area/Boiler room</u>

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Francisco Gutierrez, General Manager

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

* Reporting Ranges	Range Value	Weight Range In Pounds From... To...
	00	0 99
	01	100 999
	02	1000 9,999
	03	10,000 99,999
	04	100,000 999,999
	05	1,000,000 9,999,999
	06	10,000,000 49,999,999
	07	50,000,000 99,999,999
	08	100,000,000 499,999,999
	09	500,000,000 999,999,999
	10	1 billion higher than 1 billion

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 ERGENCY
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 ENTORY

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 rmation
 hemical

Facility Identification

Name MENNEN DE PUERTO RICO LTD.
 Street Address Hwy. 31 Km 24.4 Ceiba Norte Ind. Park
 City JUNCOS State PR Zip 00777

SIC Code 2844 Dun & Brad Number 22-110-8370

FOR
 OFFICIAL
 USE
 ONLY

ID #

Date Received

Owner/Operator Name

Name The Mennen Company Phone (809) 734-9600
 Mail Address Hanover Avenue Morristown, NJ 07960

Emergency Contact

Name Francisco Gutierrez Title General Manager
 Phone (809) 734-9600 24 Hr. Phone (809) 731-6370
 Name Calixto Bravo Title Plant Engineer
 Phone (809) 734-9600 24 Hr. Phone (809) 793-8585 Unidad 123-9011

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19__

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory			Storage Codes and Locations (Non-Confidential)	
		Max. Daily Amount (code)	Avg. Daily Amount (code)	No. of Days On-site (days)	Storage Code	Storage Locations
s <u>1</u> <u>7</u> <u>1</u> <u>5</u> <u>5</u> <u>6</u> Trade Secret <input type="checkbox"/> com. Name <u>1,1,1-Trichloro ethane</u> <u>Chlorotene 96.5%</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>0</u> <u>1</u>	<u>0</u> <u>1</u>	<u>3</u> <u>6</u> <u>5</u>	<u>D</u> <u>1</u> <u>4</u>	<u>Warehouse in cabinet near parts cleaning room.</u>
s <u>1</u> <u>2</u> <u>3</u> <u>9</u> <u>1</u> <u>1</u> Trade Secret <input type="checkbox"/> com. Name <u>Diethylene ether</u> <u>Chlorothene 2.5%</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>0</u> <u>1</u>	<u>0</u> <u>1</u>	<u>3</u> <u>6</u> <u>5</u>	<u>D</u> <u>1</u> <u>4</u>	<u>Warehouse in cabinet near parts cleaning room.</u>
s <u>6</u> <u>7</u> <u>5</u> <u>6</u> <u>1</u> Trade Secret <input type="checkbox"/> com. Name <u>Methanol</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>0</u> <u>1</u>	<u>0</u> <u>1</u>	<u>3</u> <u>6</u> <u>5</u>	<u>M</u> <u>1</u> <u>6</u>	<u>Quality Assurance lab. 2nd floor</u>

ification (Read and sign after completing all sections)

certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutierrez, General Manager

Signature

Date signed

Optional Attachments (Check one)

☐
☐

I have attached a site plan
 I have attached a list of site coordinate abbreviations

Two
 Emergency
 Hazardous
 Chemical
 Inventory

Information
 Chemical

Facility Identification

Name MENNEN DE PUERTO RICO LTD.
 Street Address Hwy. 31 Km 24.4 Ceiba Norte Ind. Park
 City JUNCOS State PR Zip 00777

SIC Code 2844 Dun & Brad Number 22-110-8370

FOR
 OFFICIAL
 USE
 ONLY

ID #

Date Received

Owner/Operator Name

Name The Mennen Company Phone (809) 731-9600
 Mail Address Hanover Avenue Morristown, NJ 07960

Emergency Contact

Name Francisco Gutierrez Title General Manager
 Phone (809) 734-9600 24 Hr. Phone (809) 731-6370

Name Calixto Bravo Title Plant Engineer
 Phone (809) 734-9600 24 Hr. Phone (809) 793-8585 Unidad 123-9011

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19__

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory			Storage Codes and Locations (Non-Confidential)	
		Max. Daily Amount (code)	Avg. Daily Amount (code)	No. of Days On-site (days)	Storage Code	Storage Locations
S <u>7647010</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Hydrochloric Acid</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>00</u>	<u>00</u>	<u>365</u>	<u>M16</u> <u>G14</u> Quality Assurance lab. 2nd floor Boiler Room	
S <u>67630</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Iso-propyl Alcohol</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>00</u>	<u>00</u>	<u>365</u>	<u>M14</u> Mechanics storage area	
S <u>78933</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Methyl-ethyl Ketone present in Video Jet cleaning solution</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>00</u>	<u>00</u>	<u>365</u>	<u>M14</u> Mechanics storage area	

Identification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutierrez, General Manager

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

Optional Attachments (Check one)

- ☐ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations

Two
Emergency
Hazardous
Chemical
Inventory

Information
Chemical

Facility Identification

Name MENNEN DE PUERTO RICO LTD.
Street Address Hwy. 31 Km 24.4 Ceiba Norte Ind. Park
City JUNCOS State PR Zip 00777

SIC Code 2844 Dun & Brad Number 22-110-8370

FOR
OFFICIAL
USE
ONLY

ID #

Date Received

Owner/Operator Name

Name The Mennen Company Phone (809) 734-9600
Mail Address Hanover Avenue Morristown, NJ 07960

Emergency Contact

Name Francisco Gutierrez Title General Manager
Phone (809) 734-9600 24 Hr. Phone (809) 731-6370
Name Calixto Bravo Title Plant Engineer
Phone (809) 734-9600 24 Hr. Phone (809) 793-8585 Unidad 123-unit

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19__

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory		Storage Codes and Locations (Non-Confidential)	
		Max. Daily Amount (code)	Avg. Daily Amount (code)	No. of Days On-site (days)	Storage Code
S <u>64742138</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Mineral oil present in Foam Trol 144</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>01</u>	<u>00</u>	<u>365</u>	<u>M14</u> <u>Mechanics storage area</u>
S <u>87901</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Sodium dichloro-s-triazinetriene chlorinating tablets</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>00</u>	<u>00</u>	<u>365</u>	<u>I14</u> <u>Small shed at waste water treatment plant.</u>
S <u>64175</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Ethyl Alcohol</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>01</u>	<u>01</u>	<u>365</u>	<u>F16</u> <u>Quality Assurance lab. 2nd floor</u>

Declaration (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutierrez, General Manager

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

3/16/92

Optional Attachments (Check one)

☐ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations

Section Two EMERGENCY HAZARDOUS CHEMICAL Inventory <i>Specific information chemical</i>	Facility Identification		Owner/Operator Name	
	Name <u>MENNEN DE PUERTO RICO LTD.</u>		Name <u>The Mennen Company</u> Phone <u>(809) 734-9600</u>	
	Street Address <u>Hwy. 31 Km 24.4 Ceiba Norte Ind. Park</u>		Mail Address <u>Hanover Avenue Morristown, NJ 07960</u>	
	City <u>JUNCOS</u> State <u>PR</u> Zip <u>00777</u>			
	SIC Code <u>2844</u> Dun & Brad Number <u>22-1110-8370</u>		Emergency Contact	
	FOR OFFICIAL USE ONLY ID # <u> </u>		Name <u>Francisco Gutierrez</u> Title <u>General Manager</u>	
	Date Received <u> </u>		Phone <u>(809) 734-9600</u> 24 Hr. Phone <u>(809) 731-6370</u>	
			Name <u>Calixto Bravo</u> Title <u>Plant Engineer</u>	
			Phone <u>(809) 734-9600</u> 24 Hr. Phone <u>(809) 793-8585 Unidad 123-4011</u>	

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19 92

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)	Storage Codes and Locations (Non-Confidential) Storage Code Storage Locations
S <u>1810312</u> <u>32</u> <u>4</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Mineral spirits present in 105 solvent SM</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>00</u> <u>00</u> <u>365</u>	<u>M14</u> <u>In tool room area or mechanics storage area.</u>
S <u>57</u> <u>55</u> <u>6</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Propylene Glycol</u> <u>FRATICELLI TRUCKS</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> <u>04</u> <u>365</u>	<u>A14</u> <u>Outside plant in storage tank</u>
S <u> </u> <u> </u> <u> </u> Trade Secret <input type="checkbox"/> Chem. Name <u>Diesel fuel oil</u> <u>(Hydrocarbon)</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> <u>03</u> <u>365</u>	<u>A14</u> <u>Outside plant in storage tank</u>

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutierrez, General Manager

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

3/16/92

Optional Attachments (Check one)

- ☐ I have attached a site plan
- ☐ I have attached a list of site coordinate abbreviations

Section Two EMERGENCY DANGEROUS CHEMICAL PROPERTY ific mation chemical	Facility Identification Name <u>MENNEN DE PUERTO RICO LTD.</u> Street Address <u>Hwy. 31 Km 24.4 Ceiba Norte Ind. Park</u> City <u>JUNCOS</u> State <u>PR</u> Zip <u>00777</u> SIC Code <u>2844</u> Dun & Brad Number <u>22-110-8370</u> FOR OFFICIAL USE ONLY ID # _____ Date Received _____		Owner/Operator Name Name <u>The Mennen Company</u> Phone <u>(809) 734-9600</u> Mail Address <u>Hanover Avenue Morristown, NJ 07960</u> Emergency Contact Name <u>Francisco Gutierrez</u> Title <u>General Manager</u> Phone <u>(809) 734-9600</u> 24 Hr. Phone <u>(809) 731-6370</u> Name <u>Calixto Bravo</u> Title <u>Plant Engineer</u> Phone <u>(809) 734-9600</u> 24 Hr. Phone <u>(809) 793-8585 Unidad 123-9011</u>	
--	---	--	--	--

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19____

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory <small>Max. Daily Amount (code)</small> <small>Avg. Daily Amount (code)</small> <small>No. of Days On-site (days)</small>	Storage Codes and Locations <small>(Non-Confidential)</small> <small>Storage Code Storage Locations</small>																		
S <u>71517433</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Metoxy butanole</u> <u>present in pad printing</u> <u>inks #TP249.</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u> <u>02</u> <u>365</u>	<table border="1" style="display: inline-table; vertical-align: top;"> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>6</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <u>Warehouse</u> <u>Container decorating dept.</u>	F	1	4	F	1	6												
F	1	4																			
F	1	6																			
S <u>7397628</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Glycol-acid-n-butyl ether</u> <u>present in pad printing</u> <u>ink #TP249.</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u> <u>02</u> <u>365</u>	<table border="1" style="display: inline-table; vertical-align: top;"> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>6</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <u>Warehouse</u> <u>Container decorating dept.</u>	F	1	4	F	1	6												
F	1	4																			
F	1	6																			
S <u>123422</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Diacetone alcohol</u> <u>present in pad printing</u> <u>ink #TP249.</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u> <u>02</u> <u>365</u>	<table border="1" style="display: inline-table; vertical-align: top;"> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td>F</td><td>1</td><td>6</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <u>Warehouse</u> <u>Container decorating dept.</u>	F	1	4	F	1	6												
F	1	4																			
F	1	6																			

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Francisco Gutierrez, General Manager

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

3/16/92

Optional Attachments (Check one)

☐

I have attached a site plan

☐ I have attached a list of site coordinate abbreviations

Two ERGENCY O ZARDOUS EMICAL ENTORY ific rmation hemical	Facility Identification Name <u>MENNEN DE PUERTO RICO LTD.</u> Street Address <u>Hwy. 31 Km 24.4 Ceiba Norte Ind. Park</u> City <u>JUNCOS</u> State <u>PR</u> Zip <u>00777</u> SIC Code <u>2844</u> Dun & Brad Number <u>22-110-8370</u> FOR OFFICIAL USE ONLY ID # _____ Date Received _____	Owner/Operator Name Name <u>The Mennen Company</u> Phone <u>(809) 734-9500</u> Mail Address <u>Hanover Avenue Morristown, NJ 07960</u> Emergency Contact Name <u>Francisco Gutierrez</u> Title <u>General Manager</u> Phone <u>(809) 734-9600</u> 24 Hr. Phone <u>(809) 731-6370</u> Name <u>Calixto Bravo</u> Title <u>Plant Engineer</u> Phone <u>(809) 734-9600</u> 24 Hr. Phone <u>(809) 793-8585 Unidad 125-9011</u>
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Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19____

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory Max. Daily Amount (code) Avg. Daily Amount (code) No. of Days On-site (days)	Storage Codes and Locations (Non-Confidential) Storage Code Storage Locations
S <u>34590948</u> Trade Secret <input type="checkbox"/> com. Name <u>Dipropylene glycol-methyl ether present in pad printing ink #TP249.</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u> <u>02</u> <u>365</u>	<u>F14</u> Warehouse <u>F16</u> Container decorating dept. _____ _____ _____
S <u>64742945</u> Trade Secret <input type="checkbox"/> com. Name <u>Solvent Naphta 100 present in pad printing ink #TP249 EUD Thinner</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u> <u>02</u> <u>365</u>	<u>F14</u> Warehouse <u>F16</u> Container decorating dept. _____ _____ _____
S <u>822162</u> Trade Secret <input type="checkbox"/> com. Name <u>Sodium Stearate</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>03</u> <u>03</u> <u>365</u>	<u>J14</u> Warehouse <u>J14</u> Manufacturing 2nd floor _____ _____ _____

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Francisco Gutierrez, General Manager

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

3/16/92

Optional Attachments (Check one)

- ☐ I have attached a site plan
- ☐ I have attached a list of site coordinate abbreviations

Section Two EMERGENCY HAZARDOUS CHEMICAL Inventory Information Chemical	Facility Identification Name <u>MENNEN DE PUERTO RICO LTD.</u> Street Address <u>Hwy. 31 Km 24.4 Ceiba Norte Ind. Park</u> City <u>JUNCOS</u> State <u>PR</u> Zip <u>00777</u> SIC Code <u>2844</u> Dun & Brad Number <u>22-1110-8370</u>		Owner/Operator Name Name <u>The Mennen Company</u> Phone <u>(809) 734-9600</u> Mail Address <u>Hanover Avenue Morristown, NJ 07960</u>	
	Emergency Contact Name <u>Francisco Gutierrez</u> Title <u>General Manager</u> Phone <u>(809) 734-9600</u> 24 Hr. Phone <u>(809) 731-6370</u>		Name <u>Calixto Bravo</u> Title <u>Plant Engineer</u> Phone <u>(809) 734-9600</u> 24 Hr. Phone <u>(809) 793-8585 Unidad 23-4111</u>	
	FOR OFFICIAL USE ONLY ID # _____ Date Received _____			

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19__

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory			Storage Codes and Locations (Non-Confidential)	
		Max. Daily Amount (code)	Avg. Daily Amount (code)	No. of Days On-site (days)	Storage Code	Storage Locations
S <u>123864</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Butyl Acetate present in Thinner UD</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u>	<u>01</u>	<u>365</u>	<u>D14</u> Warehouse <u>D16</u> Container decorating dept.	
S <u>108656</u> Trade Secret <input type="checkbox"/> Chem. Name <u>1- Methoxy</u> <u>2- Propanol acetate present in Thinner UD</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u>	<u>01</u>	<u>365</u>	<u>D14</u> Warehouse <u>D16</u> Container decorating dept.	
S <u>108941</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Ciclohexanone present in Thinner UD</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u>	<u>01</u>	<u>365</u>	<u>D14</u> Warehouse <u>D16</u> Container decorating dept.	

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Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

3/16/92

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Section Two EMERGENCY DANGEROUS CHEMICAL HAZARD INFORMATION Chemical	Facility Identification Name <u>MENNEN DE PUERTO RICO LTD.</u> Street Address <u>Hwy. 31 Km 24.4 Ceiba Norte Ind. Park</u> City <u>JUNCOS</u> State <u>PR</u> Zip <u>00777</u> SIC Code <u>2844</u> Dun & Brad Number <u>22-110-8370</u>		Owner/Operator Name Name <u>The Mennen Company</u> Phone <u>(809) 734-9600</u> Mail Address <u>Hanover Avenue Morristown, NJ 07960</u>	
	FOR OFFICIAL USE ONLY ID # _____ Date Received _____		Emergency Contact Name <u>Francisco Gutierrez</u> Title <u>General Manager</u> Phone <u>(809) 734-9600</u> 24 Hr. Phone <u>(809) 731-6370</u> Name <u>Calixto Bravo</u> Title <u>Plant Engineer</u> Phone <u>(809) 734-9600</u> 24 Hr. Phone <u>(809) 793-8585 Unidad 123-9011</u>	

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19__

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory Max. Daily Amount (code)	Avg. Daily Amount (code)	No. of Days On-site (days)	Storage Codes and Locations (Non-Confidential) Storage Code Storage Locations																		
S <u>3380345</u> Trade Secret <input type="checkbox"/> Chem. Name <u>2,4,4-Trichloro</u> <u>2-Hydroxy Dophenil Ether</u> <u>present in Irgasan DP300</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u>	<u>01</u>	<u>365</u>	<table border="1" style="display: inline-table; vertical-align: top;"> <tr><td>I</td><td>1</td><td>4</td></tr> <tr><td>I</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <u>Warehouse</u> <u>Manufacturing 2nd floor</u>	I	1	4	I	1	4												
I	1	4																					
I	1	4																					
S <u>67641</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Acetone</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>00</u>	<u>00</u>	<u>365</u>	<table border="1" style="display: inline-table; vertical-align: top;"> <tr><td>M</td><td>1</td><td>6</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <u>Quality Assurance lab 2nd floor</u>	M	1	6															
M	1	6																					
S <u>1310732</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Sodium Hydroxide</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>00</u>	<u>00</u>	<u>365</u>	<table border="1" style="display: inline-table; vertical-align: top;"> <tr><td>E</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <u>Boiler room</u>	E	1	4															
E	1	4																					

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Francisco Gutierrez, General Manager

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

3/16/92

Optional Attachments (Check one)

☐

I have attached a site plan

☐ I have attached a list of site coordinate abbreviations

Two
 Emergency
 Hazardous
 Chemical
 Inventory

Specific
 Information
 Chemical

Facility Identification

Name MENNEN DE PUERTO RICO LTD.
 Street Address Hwy. 31 Km 24.4 Ceiba Norte Ind. Park
 City JUNCOS State PR Zip 00777

SIC Code 2844 Dun & Brad Number 22-1110-8370

FOR
 OFFICIAL
 USE
 ONLY

ID #

Date Received

Owner/Operator Name

Name The Mennen Company Phone (809) 734-9600
 Mail Address Hanover Avenue Morristown, NJ 07960

Emergency Contact

Name Francisco Gutierrez Title General Manager
 Phone (809) 734-9600 24 Hr. Phone (809) 731-6370
 Name Calixto Bravo Title Plant Engineer
 Phone (809) 734-9600 24 Hr. Phone (809) 793-8585 Unidad 123-0111

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19__

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory		Storage Codes and Locations (Non-Confidential)	
		Max. Daily Amount (code)	Avg. Daily Amount (code)	No. of Days On-site (days)	Storage Code
S <u>74986</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Propane</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>02</u>	<u>01</u>	<u>365</u>	<u>A14</u> Outside plant in storage tank
S <u>14</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Ethers present in 14 perfumes</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>02</u>	<u>01</u>	<u>365</u>	<u>D14</u> Warehouse <u>D14</u> Manufacturing 2nd floor
S <u>123319</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Hydroquinone</u> <u>3% of hydroquinones</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>00</u>	<u>00</u>	<u>365</u>	<u>E14</u> Boiler Room

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Francisco Gutierrez, General Manager

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

3/16/92

Optional Attachments (Check one)

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☐ I have attached a list of site coordinate abbreviations

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ERGENCY
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rmation
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Facility Identification

Name MENNEN DE PUERTO RICO LTD.
Street Address Hwy. 31 Km 24.4 Ceiba Norte Ind. Park
City JUNCOS State PR Zip 00777SIC Code 2841 Dun & Brad Number 22-110-8370FOR
OFFICIAL
USE
ONLY

ID #

Date Received

Owner/Operator Name

Name The Mennen Company Phone (809) 734-9600
Mail Address Hanover Avenue Morristown, NJ 07960

Emergency Contact

Name Francisco Gutierrez Title General Manager
Phone (809) 734-9600 24 Hr. Phone (809) 731-6370
Name Calixto Bravo Title Plant Engineer
Phone (809) 734-9600 24 Hr. Phone (809) 793-8585 Unidad

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19__

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory		Storage Codes and Locations (Non-Confidential)	
		Max. Daily Amount (code)	Avg. Daily Amount (code)		
<div>37110 814 7 Trade Secret</div> <div>Chem. Name <u>Diethythydroxylamine</u></div> <div><u>30%</u></div> <div>Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas</div>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>00</u>	<u>00</u>	<u>365</u>	<div>E114</div> <div>Boiler room</div>
<div>Chem. Name <u>tetra sodium</u></div> <div><u>Ethylenediaminetetracetic</u></div> <div><u>12%</u></div> <div>Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas</div>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>00</u>	<u>00</u>	<u>365</u>	<div>E114</div> <div>Boiler room</div>
<div>7558 79 4 Trade Secret</div> <div>Chem. Name <u>Disodium Phosphate</u></div> <div><u>present in BI-Chem</u></div> <div><u>accelerator I S-10%</u></div> <div>Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas</div>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>00</u>	<u>00</u>	<u>365</u>	<div>E114</div> <div>Mechanics storage</div>

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutierrez, General Manager

Title and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

Optional Attachments (Check one)



I have attached a site plan

☐ I have attached a list of site coordinate abbreviations

er TWO
 ERGENCY
 O
 ZARDOUS
 EMICAL
 ENTORY

ific
 rmation
 hemical

Facility Identification

Name MENNEN DE PUERTO RICO LTD.
 Street Address HWY. 31 Km 24.4. Ceiba Norte Ind. Park
 City JUNCOS State PR Zip 00777

SIC Code 28141 Dun & Brad Number 22-110-8370

FOR OFFICIAL USE ONLY
 IO #
 Date Received

Owner/Operator Name

Name The Mennen Company Phone (809) 734-9600
 Mail Address Hanover Avenue Morristown, NJ 07960

Emergency Contact

Name Francisco Gutierrez Title General Manager
 Phone (809) 734-9600 24 Hr. Phone (809) 731-6370
 Name Calixto Bravo Title Plant Engineer
 Phone (809) 734-9600 24 Hr. Phone (809) 793-8585 Unidad

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 19

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory			Storage Codes and Locations (Non-Confidential)	
		Max. Daily Amount (code)	Avg. Daily Amount (code)	No. of Days On-site (days)	Storage Code	Storage Locations
7 5 5 8 8 0 7 Trade Secret <input type="checkbox"/> m. Name <u>Monosodium Phosphate</u> <u>present in BI-Chem Accel-</u> <u>erator I S-10%</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	0 0	0 0	3 6 5	E 1 4	Mechanics storage
7 7 7 2 7 6 1 Trade Secret <input type="checkbox"/> m. Name <u>Ammonium phosphate</u> <u>present in BI-Chem accel-</u> <u>erator I S-10%</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	0 0	0 0	3 6 5	E 1 4	Mechanics storage
S <u> </u> Trade Secret <input type="checkbox"/> m. Name <u> </u> <u> </u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)					

ification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Francisco Gutierrez, General Manager

Signature and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

Optional Attachments (Check one)

- ☐ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations

EXHIBIT F

JUN - 8 1992

MHA

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-92

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.							
3. Generator's Name and Mailing Address Safety Kleen Envirosystems Co. of PR, Inc. P.O. Box 31098 Contact: Miguel Pons Manati, P.R. 00674 4. Generator's Phone (809) 854-1090						A. State Manifest Document Number LA A 3124026									
5. Transporter 1 Company Name Safety Kleen Envirosystems Co. of PR						C. State Transporter's ID HW-02									
6. US EPA ID Number P R D 10 19 10 13 19 17 11 18						D. Transporter's Phone (809) 854-1090									
7. Transporter 2 Company Name Trailer Marine Transport						E. State Transporter's ID									
8. US EPA ID Number P R D 10 19 10 15 19 13 16 10						F. Transporter's Phone (809) 729-1000									
9. Designated Facility Name and Site Address Rollins Environmental Services (LA) 13351 Scenic Hwy. Baton Rouge, LA 70807						G. State Facility's ID									
10. US EPA ID Number L A D 10 11 10 13 19 15 11 17						H. Facility's Phone 504-778-1234									
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.			
a) HAZARDOUS WASTE, SOLID, N.O.S., (TYVEKS, DEBRIS CONTAMINATED WITH LEAD) ORM-E NA9189 (EPA, DU08)						No. Type		Quantity		Unit Wt/Vol		Waste No.			
						008 HF		01 1000 P				D008			
b) HAZARDOUS SUBSTANCE, SOLID, N.O.S., (RAGS, TRASH) ORM-E NA9188 (NOT AN EPA HAZARDOUS WASTE)						001 HF		00 115 P				N/A			
c) HAZARDUS SUBSTANCE, SOLID, N.O.S., (DIESEL, OIL) ORM-E NA9188 (NOT AN EPA HAZARDOUS WASTE)						011 HF		01 1705 P				N/A			
d) HAZARDOUS WASTE SOLID, N.O.S., (ALIPHATICS) ORM-E, NA9189 (NOT AN EPA HAZARDOUS WASTE)						007 HF		00 415 P				N/A			
J. Additional Descriptions for Materials Listed Above a) BR34460 from Hewlett Packard b) BR42433 from McNeil Pharm - Dorado c) BR40488 from Mennen de PR d) BR33925 from Ortho Pharm.						K. Handling Codes for Wastes Listed Above S01, T07									
15. Special Handling Instructions and Additional Information Contains all spill. Avoid contact with waste. While in port or on water if accident occurs call the US Coast Guard at 800-424-8802. In Louisiana call the Louisiana Dept. of Public Health at 504-925-6595 if accident occurs. Also in case of accident notify Chemtrec at 1-800-424-9300. If unable to deliver return to generator. DOT Emergency Guide 11 a) 31 b) N/A c) N/A d) N/A															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimize the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.															
Printed/Typed Name Miguel Pons						Signature <i>Miguel Pons</i>						Month Day Year 06 20 92			
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name RAYON HERNANDEZ						Signature <i>Ramon Hernandez</i>						Month Day Year 06 20 92			
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Mickey Talavera						Signature <i>Mickey Talavera</i>						Month Day Year 06 20 92			
19. Discrepancy Indication/Space															
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name CRAIG BARTLETT												Signature <i>Craig Bartlett</i>		Month Day Year 05 10 92	

STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY
HAZARDOUS WASTE DIVISION
P.O. BOX 82178
BATON ROUGE, LOUISIANA 70884-2178

PLEASE PRINT OR TYPE (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-92

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. P R D U 9 0 3 9 9 7 1 1 8 92277		Manifest Document No.	2. Page, 1 of 2	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Safety Kleen EnviroSystems Co. of PK, Inc. PO Box 31098 Manati, PK 00674 Contact: Miguel Pons					A. State Manifest Document Number LA 3124027		
4. Generator's Phone (809) 854-1090					B. State Generator's ID		
5. Transporter 1 Company Name Custom EnviroSystems Transport		6. US EPA ID Number LA P F S V U 1591017		C. State Transporter's ID			
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 504-374-3642			
9. Designated Facility Name and Site Address Rollins Environmental Services (LA) 13351 Scenic Hwy. Baton Rouge, LA 70807		10. US EPA ID Number IL JA ID 10 11 10 13 19 15 11 12 17		E. State Transporter's ID			
				F. Transporter's Phone 504-774-3642			
				G. State Facility's ID			
				H. Facility's Phone 504-778-1234			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	1. Waste No.
a. HAZARDOUS WASTE, SOLID, N.O.S., (TYEKS, DEBRIS CONTAMINATED WITH LEAD) ORM-E NA9189 (EPA, D008)				008 df	01000P		D008
b. HAZARDOUS SUBSTANCE, SOLID, N.O.S., (RAGS, TRASH) ORM-E NA9188 (NOT AN EPA HAZARDOUS WASTE)				001 df	00115P		N/A
c. HAZARDUS SUBSTANCE, SOLID, N.O.S., (DIESEL, OIL) ORM-E NA9188 (NOT AN EPA HAZARDOUS WASTE)				011 df	01705P		N/A
d. HAZARDOUS WASTE SOLID, N.O.S., (ALIPHATICS) ORM-E, NA9189 (NOT AN EPA HAZARDOUS WASTE)				002 df	00415P		N/A
J. Additional Descriptions for Materials Listed Above a) BR34460 from Hewlett Packard 44074 b) BR42433 from McNeil Pharm - Dorado 44547 c) BR40488 from Mennen de PR 44151 d) BR33925 from Ortho Pharm. 44071				K. Handling Codes for Wastes Listed Above S01, T07			
15. Special Handling Instructions and Additional Information Contains all spill. Avoid contact with waste. While in port or on water if accident occurs call the US Coast Guard at 800-424-8802. In Louisiana call the Louisiana Dept. of Public Health at 504-925-6595 if accident occurs. Also in case of accident notify Chemtrec at 1-800-424-9300. If unable to deliver, return to generator. DOT Emergency Guide 11 a) 31 b) N/A c) N/A d) N/A							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimize the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name Miguel Pons				Signature <i>Miguel Pons</i>			
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Allen J. Batiste				Signature <i>Allen J. Batiste</i>			
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature			
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Craig Barzetti				Signature <i>Craig Barzetti</i>			

IF SPILLED IN LOUISIANA CALL THE LOUISIANA HAZMAT UNIT AT 504-925-6595 (DAY OR NIGHT)

COPY 2

EXHIBIT G

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY-CLIENTWORK PRODUCT**

**PHASE 1 SITE ASSESSMENT
MENNEN DE PUERTO RICO
CEIBA NORTE INDUSTRIAL PARK
ROUTE 31
JUNCOS, PUERTO RICO**

Prepared for:

**COLGATE PALMOLIVE COMPANY
300 PARK AVENUE
NEW YORK, NEW YORK 10022**

Prepared by:

**WOODWARD-CLYDE CONSULTANTS
201 WILLOWBROOK BOULEVARD
WAYNE, NEW JERSEY 07470**

92C4061-PR

AUGUST 7, 1992

**PRIVILEGED AND CONFIDENTIAL
ATTORNEY-CLIENTWORK PRODUCT**

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201 WILLOWBROOK BOULEVARD
WAYNE, NEW JERSEY 07470**

92C4061-PR

AUGUST 7, 1992

EXECUTIVE SUMMARY

Woodward-Clyde Consultants (WCC) was retained by the Colgate-Palmolive Company to conduct a Phase I Environmental Site Assessment of the Mennen Puerto Rico facility. This property includes the plant manufacturing facility and warehouse. The facilities are located off of Highway 31 in Ceiba Industrial Park in Juncos, Puerto Rico.

The scope of work consisted of a walkover, visual survey of the property, a review of the histories and operations of the property, a compilation and review of Federal and State agencies environmental records and a review of occupational and worker health and safety (OSHA) issues.

The subject property consists of a concrete building that houses a warehouse, a compounding area, a production area, laboratories, a package printing area, a wastewater pretreatment plant with associated parking areas, offices, cafeteria and loading docks. Mennen operations conducted at the facility include warehousing of finished goods and raw materials, manufacturing of deodorants, and shipping of its finished goods.

No current significant environmental concerns, compliance issues, or OSHA and worker health and safety issues were identified for the Mennen Puerto Rico facility. No USTs, asbestos-containing material, and PCB-containing equipment were identified at the site.

The past operations conducted at the facility have resulted in the following concerns:

- Historical discharges of process wastewater exceeding the facility's NPDES limitations has resulted in a fine of \$563,700. The facility to date has not paid this fine. Upgrades to the facility's wastewater treatment facility are on-going and are expected to cost \$400,000. Discharge of process water to surface water has ceased. Currently, the facility trucks treated process water to a nearby POTW.
- The facility has no waste disposal records for the first one and one half year of operation.

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SECTION 5

SITE SURVEY

On March 4 and 5, 1992, WCC performed a visual survey of the subject property. The property was inspected in reference to general environmental concerns, chemical storage and handling, storage tanks, asbestos, PCB transformers, and employee health and safety (OSHA) liabilities.

5.1 ENVIRONMENTAL CONCERNS

From a visual inspection of the facility, a facility records review and interviews with plant personnel, no general environmental concerns were identified. General housekeeping practices appear to be good.

5.1.1 Soils

No soil investigations, other than soil boring for foundation studies, have been performed on this site.

5.1.2 Groundwater

No groundwater contamination has been identified at the site. No groundwater investigations have been performed.

5.1.3 Historical Waste Disposal

The Mennen facility has no waste disposal records for the first year and half of operation (up to 1989). From interviews with plant personnel, waste generated during this period may have been transported to the Juncos landfill for disposal. This landfill is currently a Superfund site. To date, Mennen has not been identified as a potentially responsible party (PRP) for this site.

5.1.4 Historical Wastewater Discharge Violations

Past discharge practices included discharging treated process water to the Gurabo River under their NPDES permit. Several permit violations were issued by the USEPA for non-compliance with several monitoring parameters. A fine has been negotiated with the USEPA but has not yet been paid. The fine amount is about \$570,000. Discharge of treated process wastewater to the river has ceased. Upgrades to the treatment plant system are underway and are expected to cost \$400,000.

5.1.5 Underground Storage Tanks (USTs)

No USTs are currently present or have been present at the Mennen Puerto Rico facility site.

5.1.6 Above Ground Storage Tanks (AGSTs)

There are currently three AGSTs on-site used for diesel fuel storage. One 29,000 gallon diesel tank is used to feed the boiler. Two small diesel tanks (500 and 300 gallons) are used to store fuel for the emergency generator and fire pump. There is one 200 gallon propane tank on site used for fueling the cafeteria equipment. One propylene glycol tank, 50,000 gallons, is used to store this raw material. One spill tank is presently used to provide a holding capacity for the treatment plant. The glycol and diesel tanks have secondary containment. The spill tank does not have secondary containment.

The treatment plant uses a 22,271 gallon equalization tank, a 15,000 gallon aeration tank, a 1,125-gallon aerobic digester tank, a 1,535 gallon post aeration tank, and two 11,000-gallon holding tanks in the process treatment scheme. A fire water holding tank is also located on site.

5.1.7 PCBs

The transformers at the facility were inspected regarding the presence of PCBs. No PCB containing equipment was identified. The historical presence of PCB containing equipment is unlikely due the construction date of the facility (1987).

5.1.8 Asbestos

From a visual inspection of the facility, no asbestos containing material was identified. The presence of asbestos in the facility is unlikely due to its date of construction (1987).

5.1.9 Spills

From the facility records and interviews with facility personnel, two spills occurred at the facility. One spill occurred when a trichloroethane (TCA) waste drum was tipped, spilling TCA onto the floor. The TCA was collected and disposed of by Safety Kleen. The second spill occurred when about 72 gallons of process wastewater spilled into the river. The USEPA and local authorities were notified. No cleanup was required.

5.2 ENVIRONMENTAL COMPLIANCE

5.2.1 Wastewater

The Mennen facility currently has a NPDES permit for discharge of stormwater from operational and undeveloped land as well as roof drains. Process wastewater is pretreated in the facility pretreatment plant. Because there is no current POTW connection at the facility, treated water from the treatment plant is pumped into tankers and transported to the Puerto Nuevo POTW for disposal.

The plant is planning to build an on-site wastewater treatment plant to correct past discharge violations (see Section 5.1.4). According to plant personnel, the estimated cost of the plant is \$400,000.

5.2.2 Air

The plant has one air permit for the entire facility. The air permit covers the two boilers, the three diesel tanks, the propylene glycol tank, the backup generator, the fire pump fuel tank, the cafeteria propane tank, the four process tanks (kettles), the three Tampo printing machines and the Tampo print cleaning room ventilation. The air

permit for the facility was current. No air monitoring is required by the local Puerto Rican environmental authorities.

Air pollution control devices used at the facility include sodium stearate dust collectors over the kettles. An on-going project is underway to upgrade this dust collection system. Because the room ventilation in this area vents some sodium stearate to the roof, about \$140,000 has been budgeted to purchase and construct system upgrades.

5.2.3 Chemical Storage and Handling

From a visual inspection of the facility, the chemical storage and handling conducted at the facility includes:

- storing finished product in cartons in the warehouse portion of the facility;
- storing raw materials for use in the manufacturing process;
- storing hazardous waste for disposal;
- storing Tampon print inks in fire cabinets; and
- storing laboratory chemicals in the QC laboratories; and
- storing of hazardous waste.

Chemicals stored in tanks are discussed in Sections 5.1.5 and 5.1.6.

From a visual inspection of the facility, it appears that good chemical storage and handling practices are performed. The hazardous waste and chemical storage areas of the warehouse have no secondary containment. There are no floor drains in chemical storage areas.

5.2.4. Waste Disposal

The Mennen facility has the following current waste disposal practices:

- General trash is stored in dumpsters for disposal by El Coqui in a local landfill;
- Non-hazardous industrial waste including the treatment plant sludge, medical waste, and sodium stearate are stored in the warehouse for collection by BFI for disposal in a local licensed landfill.
- Hazardous waste including lab packs and Tampo ink solvents is stored in the hazardous waste storage area of the warehouse and is collected and disposed of by Safety Kleen.

5.3 OSHA COMPLIANCE/WORKER HEALTH AND SAFETY ISSUES

An inspection of the facility and interviews with facility personnel were conducted. Information regarding medical surveillance, hearing conservation, respiratory protection, lockout tagging, forklift safety and hazard communication was reviewed and compiled.

No worker OSHA or health and safety issues were identified.

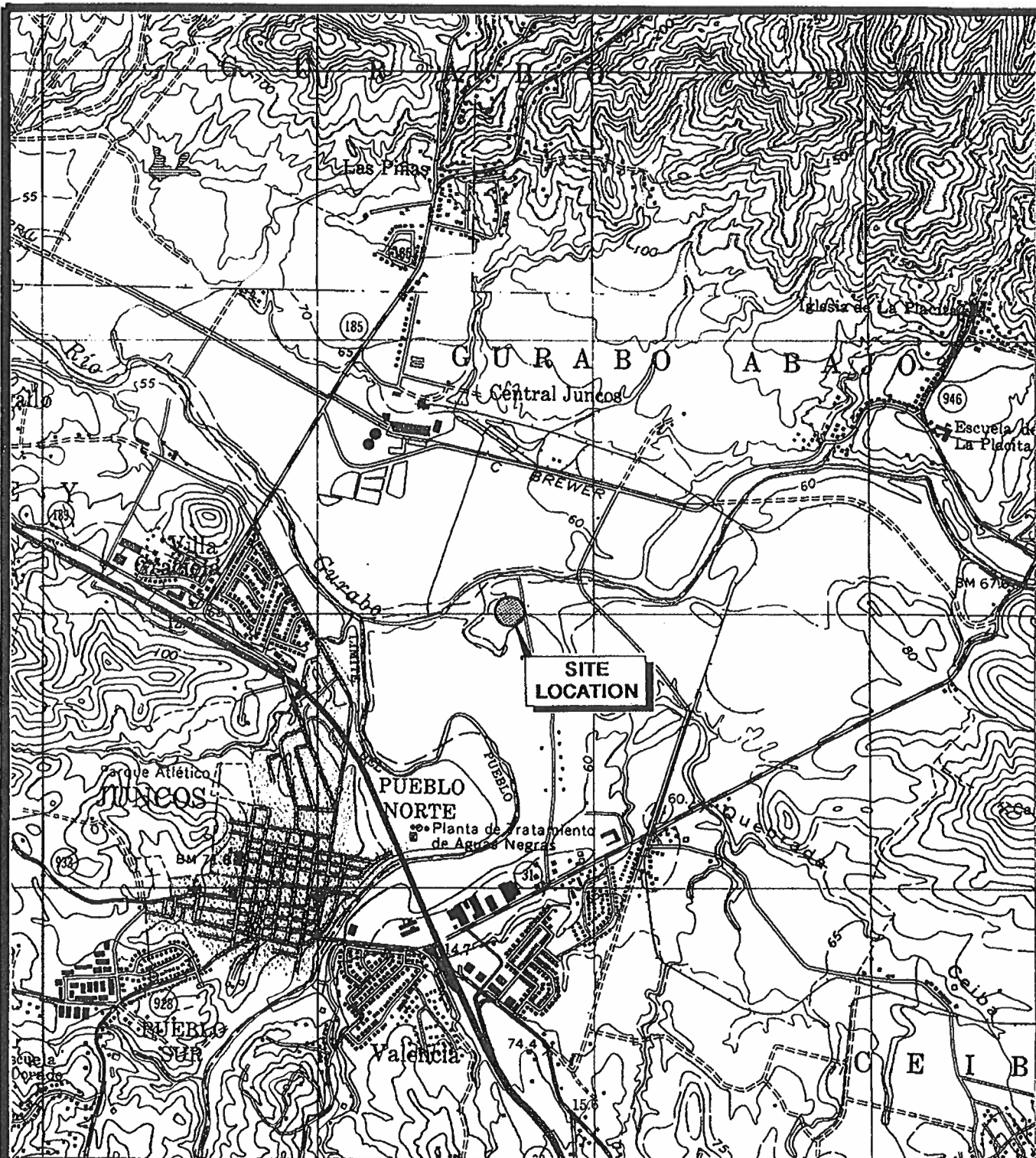
SECTION 6 SUMMARY

No current significant environmental concerns, compliance issues, or OSHA and worker health and safety issues were identified for the Mennen Puerto Rico facility. No USTs, asbestos-containing material, or PCB-containing equipment were identified at the site.

The past operations conducted at the facility have resulted in the following concerns:

- Historical discharges of process wastewater exceeding the facility's NPDES limitations has resulted in a fine of \$563,700. The facility to date has not paid this fine. Upgrades to the facility's wastewater treatment facility are on-going and are expected to cost \$400,000. Discharge of process water to surface water has ceased. Currently, the facility trucks treated process water to a nearby POTW.
- The facility has no waste disposal records for the first one and one half year of operation.

Figures



MAP SOURCE:
USGS TOPOGRAPHIC MAP
7.5 MINUTE SERIES
GURABO & JUNCOS,
PUERTO RICO,
PHOTOREVISED 1982.



0 2000 4000 FT
SCALE

SITE LOCATION PLAN MENNEN DE PUERTO RICO LTD.

WOODWARD - CLYDE CONSULTANTS

CONSULTING ENGINEERS, GEOLOGISTS AND ENVIRONMENTAL SCIENTISTS
WAYNE, NEW JERSEY

DR. BY:	BAS	SCALE:	AS SHOWN	PROJ. NO.:	92C4061
CK'D BY:	MA	DATE:	MAR 18 1992	FIG. NO:	2-1

